

JUDGE ENGELMAYER

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

EDITHA LOPEZ QUIRINO

19 CV 5778

Write the full name of each plaintiff.

CV  
(Include case number if one has been assigned)

-against-

Do you want a jury trial?

THE NEW JEWISH HOME

☒ Yes ☐ No

MAIA SANTARINA

JENIFER TUTONE

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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SDNY PRO SE OFFICE  
2019 JUN 20 PM 2:02

**I. PARTIES****A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<b>EDITHA</b>	<b>LOPEZ</b>	<b>QUIRINO</b>
First Name	Middle Initial	Last Name
<b>308 WEST 105TH STREET UNIT C</b>		
Street Address		
<b>NEW YORK</b>		
County, City	State	Zip Code
	<b>editha.quirino@yahoo.com</b>	
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1:	<b>THE NEW JEWISH HOME</b>
	Name
	<b>120 WEST 106th STREET</b>
	Address where defendant may be served
	<b>NEW YORK NEW YORK 10025</b>
	County, City State Zip Code
Defendant 2:	<b>MAIA SANTARINA</b>
	Name
	<b>120 WEST 106TH STREET</b>
	Address where defendant may be served
	<b>NEW YORK NEW YORK 10025</b>
	County, City State Zip Code

Defendant 3:

**JENIFER TUTONE**

Name

**120 WEST 106TH STREET**

Address where defendant may be served

**NEW YORK****NEW YORK****10025**

County, City

State

Zip Code

**II. PLACE OF EMPLOYMENT**

The address at which I was employed or sought employment by the defendant(s) is:  
**THE NEW JEWISH HOME**

Name

Address

**NEW YORK****NEW YORK****10025**

County, City

State

Zip Code

**III. CAUSE OF ACTION****A. Federal Claims**

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☒ **Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin**

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: \_\_\_\_\_
- ☐ color: \_\_\_\_\_
- ☐ religion: \_\_\_\_\_
- ☒ sex: \_\_\_\_\_
- ☐ national origin: \_\_\_\_\_

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: \_\_\_\_\_

- ☒ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1959

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: \_\_\_\_\_

- ☐ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: \_\_\_\_\_

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

#### **B. Other Claims**

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☒ Other (may include other relevant federal, state, city, or county law):

GENDER



**IV. STATEMENT OF CLAIM****A. Adverse Employment Action**

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☐ terminated my employment
- ☒ did not promote me
- ☐ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☐ retaliated against me
- ☒ harassed me or created a hostile work environment
- ☒ other (specify): Hard Labor; Demoralizing Monitoring

Unhealthy Work Environment due to Lack of Staffing

**B. Facts**

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

\*\*\* SEE ATTACHED ORIGINAL COMPLAINT LETTER ; REBUTTAL LETTER ; CHRONOLOGICAL DATES OF EVENTS

AND ALSO ATTACHED AS ADDITIONAL SUPPORT FILED WITH THE :

- EEOC AND

- HUMAN RIGHTS.

- *Bits & Pieces of the JNTH Discrimination & Harassment*

As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

## V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? August 31, 2018

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? March 27, 2019

When did you receive the Notice? same as above date

☐ No

## VI. RELIEF

The relief I want the court to order is (check only those that apply):

- ☐ direct the defendant to hire me
- ☐ direct the defendant to re-employ me
- ☐ direct the defendant to promote me
- ☐ direct the defendant to reasonably accommodate my religion
- ☐ direct the defendant to reasonably accommodate my disability
- ☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

I BELIEVE TO BE ENTITLED FOR MONEY DAMAGES BASING FROM THE ELEMENTS BELOW:

- For difficult to quantify complaints of discriminations and harassment. For my resume that fit for

Director of Nursing position but TNJH hired someone externally. For 2 weeks lost of pay; For Medical visits and

Prescribed Medications due to repetitive pattern, unnecessary and intense exposure to hostile environment.

**VII. PLAINTIFF'S CERTIFICATION**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

June 19 2019

Dated

EDITHA

LOPEZ

Plaintiff's Signature

QUIRINO

First Name

Middle Initial

Last Name

308 WEST 105th STREET

Street Address

NEW YORK

NEW YORK

10025

County, City

State

Zip Code

(347) 993-0619

editha.quirino@yahoo.com

Telephone Number

Email Address (if available)

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

***NOTICE OF RIGHTS  
TO SUE***

EEOC Form 161 (11/16)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: Editha L. Quirino  
308 W. 105th Street, Unit C  
New York, NY 10025

From: New York District Office  
33 Whitehall Street  
5th Floor  
New York, NY 10004

*Tacome*  
*Carlov*

☐

On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2019-00258

Holly M. Shabazz, *(212) 336 3643*  
State & Local Program Manager

(212) 336-3643

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☐

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☒

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

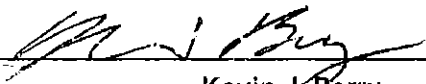
## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Kevin J. Berry,  
District Director

March 27, 2019

(Date Mailed)

Enclosures(s)

cc:

Attn: Director of Human Resources  
JEWISH HOME LIFECARE  
100 West Kingsbridge Road  
Bronx, NY 10468

**CHRONOLOGICAL  
DATES  
OF  
EVENTS**

## CHRONOLOGICAL DATES OF EVENTS

On February 12, 2018 – I was hired at The New Jewish Nursing Home as Nurse Educator/ Infection Control Officer

### WORK BACKGROUND:

RN-BSN Graduate 1980/ US Registered Nurse- 1982

Hospital/Clinic Experienced: 22 years total as, ICU Charge Nurse /ER RN/ Endoscopy/ Sub-Specialty RN/ Radiology RN /OB- GYN /Medical- Surgical RN

Home Health Care: 7 years - Founder, Asst. Administrator/DON/Nurse Educator

LTC and Rehab: 3 years - RN Supervisor/ Nurse Educator/ Interim DON

US Medical Student – before MVA\* (**Motor Vehicular Accident**)

Foreign Medical Graduate - 10 years

Total Years of Health Care Experience: **40 +**

### **FEBRUARY 21, 2019, with Maia Santarina – the acting Director of Nursing**

- dropped by to Maia's Office to thank her for hiring me. Out of the blue she said she wasn't rooting for me but Christian. She also provided an unsolicited information that Christian was a graduate of one of the exclusive high school (San Beda) in the Philippines. It sounded to me that she was putting him in a pedestal.

- then, **"plus he's young you know" ...**

- I told Myrna, the MDS Coordinator (we shared office) about the incident, and she said: "because she is flirt, that's why!" and I remember I said, "because she cannot flirt with me, that's why!"

### **MARCH 9, 2018 POST INFECTION CONTROL SURVEY**

- I need to report to Maia (the acting Director of Nursing) the outcome of the Infection Control Survey from Department of Health. The Surveyor asked me, "how do you provide Quality of Care to a 514-bed capacity facility? You need an assistant"

- Suddenly, Maia got angry and was shouting at me, "You... need an assistant!? I don't even have one! And then followed by, "that's why I preferred Christian, he is young and capable to handle tough job"

- I did close the door behind us and made myself clear by saying, "as we both know we are both professional here, I refused to be treated like a 10-year-old kid anymore." Besides from having no filter, her behavior became even worst.

**March 12, 2018 MICROSOFT EXCEL / Christian**

- Maia, decided to send Christian to my office since, she said that, at my age I probably do not know how to navigate a computer since they were not around during my time. Christian came around 6 pm and attempted to help me, but eventually gave up and admitted he was not familiar with Excel.

**MARCH 14/15 2018 - TWO DAYS EXHAUSTIVE DIGGING - Maia the acting DON and Lumaqui – RN Supervisor**

- Only a few days after the incident, Maia asked me to dig a heap of employees' file and heavy boxes for 2 exhausting days, which apparently those workers were no longer in the system as per Lumaqui's (RN Supervisor) statement. Later, she told me that Maia reprimanded her for telling me that the files don't exist anymore. (why?)

- during the process, Maia thinks there wasn't any progress with the digging, so she was annoyed, with a smirk in her face, she said in a mocking manner, "I hope when I reached your age I won't be as slow as you!" (in our language)

- Again, I shared this event to my office mate, Myrna, she said that Maia is aspiring to be a Director of Nursing, she does not even know how to lead. She added that Maia is a "war freak!"

- Maia also has a habit of filing up "things to do" at my desk (leaving no instruction). One time she was shouting at me for not having a prepared report for monthly scheduled conferences.

**March/2018 (?) Maia on Vacation**

- After coming from vacation Maia, without any question or clarification she accused me of stealing the office master key. I told her; Rafael was in her office when she was on vacation.

**March 21, 2018 P and T Meeting (every 2<sup>nd</sup> Wednesday of the month) with Marie – The Administrator**

- I gave an inaccurate number of Flu cases during Morning Meeting, in front of the Interdisciplinary Team. Marie suddenly cut me off and did not allow me to finish my report.

- then she called me to her office and confronted me by saying, "Editha I thought you were an ICU Nurse?" I understand that my work background do not have any connection with inaccuracy of my report. The project started few months ago before I was hired.

- since I was already at her office, so I did grab the opportunity to report to Marie (Administrator) I'd been having mental block-outs lately whenever Maia was harassing me. I also mentioned that I almost walk out on Maia!

- I told her that Maia also reiterated to me that she preferred Christian, because he is young and capable to handle big job.

- I then asked why Marie did not hire Christian as the Nurse Educator, she said Christian do not have experience.



- It is my understanding that **Marie never followed up my concerns** on Maia's statement about wanting to hire Christian who is younger.

- before I step out, Marie gave me a heads up that there will be a new DON and she will do a lot of major changes.

#### **March 20, 2018 Wound Care Meeting**

- Daily Morning Meeting with the IDT (Interdepartmental Team), I was also sharing my Wound Care experience to the IDT, then suddenly Marie cut me off by saying, "you don't understand what they are talking about!" then she got up and left the room.

#### **March 23, 2018 Another Wound Care Meeting with Mike, Wound Care Director and with the Wound Care MD**

- after the two consecutive "shaming" events, this time I spoke with Mike, (Director of Wound Care) who used to be the Arch Administrator (another Long-Term Care facility) I told him I had enough of the facility's harassments. He empathized with me and wait until I got inside the taxi to go for job interview.

#### **March 27, 2018 (?) MARIE, A NURSE MANAGER**

- Marie, a Nurse Manager, one day came to the Employees' File Room, looking for a nurse file. She told me her frustration about this rude nurse. I told her, "I think it is Maia, our ADON, more than anyone else who deserved to be written up" Then Marie's response was; "why do you think we have Leadership Training, Empathy Training, Customer Training, so many trainings, obviously the system is not working!

- I told her about my severe anxiety because of fear losing my job after I expressed myself behind door with Maia.

- I'm sure Marie also witnessed when Jennifer shamed me in front of all the Nurse Managers about the Antibiotic Stewardship. Dr. Braindise was even in the conference room that time.

- Marie wants me to stay, but secretly she asked my phone number to refer me to a friend in case things don't work between me and those two bosses.

#### **APRIL 16, 2018 – PAT, The Asst. Administrator**

- at 4 PM, I saw Pat, she was rushing towards Jennifer's office, but Jennifer left early. Since I was standing nearby, she confronted and accused me of pushing the clean linen cart against the toilet bowl full of feces in the unit. I understand that being the Infection Control Officer my job description is to maintain the cleanliness of the environment. I then asked her if she checked the surveillance camera.

#### **APRIL 17, 2018 Jennifer - The New Director of Nursing (with Informational Technology background).**

- In around early to last week of March, The New Jewish Home hired Jennifer Tutone as the new Director of Nursing to replace Maia who was the acting DON.

- She invited Maia and all the Nurse Managers one person at a time in her office to build rapport but excluding me (?) Eventually I did ask to be scheduled to meet her as well since I had an important report to share as part of my responsibility.
- Jenifer, just like Maia, needs to be aware about the recent Infection Control Survey as part of her duty. I understand as Infection Control Officer, that it has a large coverage and the Department of Health Care surveyors are big on Infection Prevention and Control.
- I also understand that to prevent tags or deficiencies basing on Department of Health Inspection Score, it is important that there should be enough people to work especially on heavily regulated areas in any health care facility, to avoid tags or deficiency which is being scored by severity.
- Therefore, as the Infection Control Officer, I had obligation to report to the new Director of Nursing (Jennifer) about the advice of the Department of Health Surveyor by saying: "with 514 bed capacity how do you give a good Quality of Care, you need an assistant". I understand what the surveyor means, it is a heavy, demanding and laborious job especially with only one person tackling the job. Jennifer promised to bring Jackie, one of the Nurse Manager to my team but never happened.
- It was also this day that Jennifer was invited to give a speech to the New Hire Orientation Training. Her topic was about DIGNITY and RESPECT. Her speech propelled me to send her an email pertaining to my growing conflict with Maia. I was hoping for good advice or solution about our situation but again, No RESPONSE.

**April 19, 2018 Nancy Stoddard's: Director of Informational Technology/ Registered Nurse (Jennifer's partner in populating the facility's software) and Ben (IT Employee)**

- Nancy falsely accused me of treating her staff rudely and subjected her to offhand sarcastic comments in front of the entire group of new staff. Nancy, made also an inflammatory remark, "this kind of behavior does not make a good impression, nor does it represent the core value of Jewish Home." (I never knew that!)
- my response in my email: "Nancy I am just wondering if your email specifically directed to me. I will not depend or even try to explain myself at this point, since there wasn't anything for me to explain. This type of incident never happened in front of the entire group of my class orientation at all.
- Although there was one female IT staff, who was yapping from the hallway all the way to her office cubicle, for two reasons: refused to help me to set up the video to be used for class orientation and escalated it by reprimanding me to get inside the IT Room, which was opened. I did forward the 3 days delayed response, of Nancy's Letter of Accusation to Jenifer and Marie, the Administrator, to address the issue. NO RESPONSE

**APRIL 20, 2018 NANCY STODDARD INFORMATIONAL TECHNOLOGY DIRECTOR/RN**

- I was training new hires how to wear properly Personal Protective Equipment (PPE) There was this serious looking IT employee who came by to use the bathroom, then followed by Nancy

Stoddard (the IT Director) When Nancy was about to come out, she made a sarcastic remark, which was a clear invitation for an argument, I just ignored it.

- Then the same IT staff, was back with food and drink in her hand. She went straight to the toilet cubicle. Being the facility's Infection Control Officer, I could have reprimanded her for violating the Infection Control Rules and Regulation of the facility. But again, I just ignored it.

- I understand Rabbi's office is a neutral place. Rabbi Jonathan said it was not his expertise but then his advice was to start keeping a **Logbook**. Since then I started saving some of the incidents that I could possibly recall and those ongoing ones to my e-note pad (tamper proof) and personal computer for future reference.

- Then after the Rabbi, I also seek a second opinion from a good Director of Nursing from another facility and my brother who was a high-ranking officer, in the US Army and served twice in Afghanistan. Both these two gentlemen advice was, to do the right thing... meaning to pursue filing a complaint. So, I went to HR and borrowed their Human Rights poster.

#### **APRIL 21, 2018 Ben / Rafael and Jennifer**

-I asked Ben (IT Staff) if I ever humiliated or made him uncomfortable in front of the entire class ever. He said: "No, what are you talking about?" Ben helped me with Visual Aids and even nice to give me extra HDMI for future use. He never complains or made excuses every time I come to him.

- same day around 4 pm I saw Rafael came out from Jennifer's office then followed by Jennifer who appeared to be angry.

- and at that same day, I also sent a letter to Jennifer trying to request a solution or assistance for several adverse situations that's been going on in the facility. **NO RESPONSE**

- She only responded after I sent her a copy of an 8 WEEKS OBSERVATION / BEHAVIOR MANAGEMENT that I created it, instead of her as our DON, with the goal in mind to stop Maia's overwhelming harassments and abuses. Finally, Jennifer agreed to meet in her office, Monday morning.

#### **April 23, 2018 My meeting with Jennifer and Maia**

- Our meeting with Maia went along well. It was formal and professionally carried and dealt with accordingly.

- but right after Maia stepped out, Jennifer continued asking me harsh questions She insisted that it was a threatening letter. Then she said, "**BUT I KNOW HOW TO HANDLE IT!**" I was stunned with the fierce sound of her voice.

- After few minutes, I did reiterate that my LETTER was a CALL FOR HELP, but it appeared to me that it just backfired when Jennifer loudly and firmly uttered, "at your age, level of education and 30 years of experience, how can you write this type of letter against your colleague?"

- then followed by "military-like command",

**THIS MUST CEASE! And I KNOW HOW TO HANDLE IT!**

- After the event, while I was collaborating with Rafael to train the new hires; it seemed like Jennifer monitored the IT Class in a way than no one else ever had. At the class, for the first time, she sent about 6 Fleet of Nurse Managers, all were just standing at the back of the class. Later, I asked Rafael why all of a sudden, they were there? His response was, "Oh Jenifer sent them to me for refresher course" Among them was Mark an RN, who is an expert IT and a good Trainer as well.

- Therefore, I do not believe they were there for refresher course, and they were there only for few minutes then left.

- I also strongly believe that I was being monitored, the fact that this FLEET OF NURSE MANAGERS, all of sudden started to stay late and rounding me up frequently and asked why I was still in the facility. But why they were also still in the building (like me) the fact that they were supposed to be home earlier than myself.

- Pertaining to my employment, my 90 days Probationary period was over and I am not a union member, if they realized that I won't fit for the job ( which I did receive several commendations on my teaching style and all being kept in my file) so why not fire me instead of subjecting me to all these adverse situations that created havoc to my work environment.

**- I'd never been subjected to this type of discriminations and beads of harassments until I was hired by The New Jewish Home.**

**APRIL 25, 2018 BRIDGET Previous QAPI Director**

- just coming back from Mock Survey, Maia was so angry again, her voice was all over the Nursing Office. She was accusing me of sending a new hire LPN to the Leadership Conference. turn out, it was Jenifer who did it. I text Bridget by saying, "OMG, Bridget I don't know for how long I can handle Maia's harassments.

- At one time, Bridget expressed to me that Maia was aspiring to be the next Director of Nursing, she was glad that Maia did not get the position because she is a "power hunger!"

- Then Bridget said, talk to Jenifer...

**APRIL 30, 2018 SICK FOR FEW DAYS**

- I was sick for days. Jenifer was insisting that I did not call her or sent email. I cancelled my Infection Control meeting with Dr. Goldberg, then **CC her.**

- At one time, I saw someone was inside my computer (provided by The New Jewish Home) doing "remote view". I found out that a lot of my information were missing. Myrna said, "that's why I don't keep personal information in my New Jewish Home computer".

-despite of telling Jenifer the Director of Nursing that I was in such terrible discomfort that any slight movements increases the pain. I did not see any signs that Jenifer was going to le me take a rest. As much as I want to be tactful because she was my boss, I finally able to express myself by

saying “Jenifer, I may not be a patient, but I am an employee who is entitled to get sick and need to take care of myself to get better.” And I also said that I will no longer response to her **phone harassments**.

- she emailed me with conflicting Empathy Letter, then later left a voice mail saying, that she sent a **Warning Letter to HR**.

### **May 18, 2018 My Encounter with Aileen, HR Director after Nurses' Week**

Right after Nurses Week, Maia asked me to bring all the staff's collection of mandatory on top of Eileen's table. When Eileen and I met on the “lobby” (in front of the surveillance camera) Eileen screamed at me, “this must stop!” The Medical Record Coordinator was with her. To who I am going to report this type of unprofessional behavior? My invitation to settle the issue at her office was blatantly refused. This was one of the main reasons why I skipped HR to file grievance.

### **Tidd bits of The New Jewish Home Staffing and Management:**

1. Before Jennifer, the previous Director of Nursing did not come back after vacation.
2. The previous Nurse Educator (Ms. Hope) left before her near retirement age. I found Ms. Hope left a USB in one of our shared office drawers.
3. The new DON (Jenifer Tutone) was short stay as well. (conflict with Maia)
4. The new Nurse Educator (Ms. Scott – Brown) who replaced me, left also after only few weeks of being hired.
5. May 21, 2019- the position for Director of Nursing is again currently vacant. Third DON within span of 12 months.
6. I would like also to mention that among those 2 episodes of harassment, 2 events (more or less between April and May 2018) happened in an open/ public place in front of the Surveillance camera.
7. Without Progressive Disciplinary Action, one RN was fired on Christmas Day.
- \* Even the Medical Director, Dr. Braindise, also left The New Jewish Home.
8. As per Department of Health Surveyor, a suggestion to add more staff in Nursing Education and Infection Control Department was never delivered.
9. False and malicious accusations, pertinent complaints and reporting were just ignored, dismissed, delayed, backfired and a practice of Laissez Faire leadership was obvious at that time.
10. I cannot understand that while an employee was sick, she was subjected to harassment, was written- up and then threatened her that a Letter of Warning was submitted directly to HR?

### **FEW SHARED GOVERNANCES BETWEEN ADMINISTRATOR AND DIRECTOR OF NURSING (or designee) AS LEADERS:**

- The Administrator/DON addresses pertinent nursing issues.

- The Administrator/DON ensure that the Standard of Nursing Practice; State and Federal Rules and Regulations and the facility's policies and procedures are strictly mandated and followed.
- The Administrator/ DON, lead rather than "boss or Laissez Faire" leadership
- The Administrator/DON, share characteristics of Emotional Maturity or EQ- Emotional Quotient.
- The Administrator/DON is proficient in controlling their impulses.
- The Administrator/ DON is proficient in ability to manage staff and bridge differences.
- The Administrator/ DON is trained to apply appropriate Progressive Interdisciplinary Action.

\* WHAT IS A COMPETENT LEADER: she/he is someone who has knowledge and skills, which can be gained from formal education, training and experience. Competence- develops with appropriate direction and support from good leader. We are not born with competence-> you earned it. Excerpt from: Field Guide for Director of Nursing 3<sup>rd</sup> Edition

#### **INPUT:**

I just moved to east coast last year to be closer with my 95 years old mother. My target is to build a long tenure ship and to maintain a strong Resume at The New Jewish Home to be able to resume my previous title as Director of Nursing.

#### **MY HEALTH HISTORY:**

- My health has been stable for many years. I don't smoke, drink (socially) never take illicit drugs. Hx of MVA (Motor Vehicular Accident) that sustained Rib Fxs. My recent employment Physical Exam was normal, and my Blood Tests were all within normal limits.
- So overall, I was good to work. But as soon as I started working at The New Jewish Home, suddenly my health status was out of control. I was constantly on "fight and flight mode"
- I had anxiety and hyperactivity for few months that I need to take unnecessary medications which has unavoidable side effects. But unfortunately, I need to take them to bring my body functions (4<sup>th</sup> gear) back to normal function.
- I understand that The New Jewish Home is, "**at will**" employment, but I also understand that employees should be free from mental, physical and emotional health havoc and the workplace must also be free from adverse elements.

**June 7, 2018**

I submitted my Letter of Resignation; I could no longer work in an unequal and hostile employment at The New Jewish Home.

**CONCLUSION:**

I was advised not to pursue my complaint, but I do believe that I have legitimate complaints that need to be heard.

I therefore conclude that I am filing a Pro Se complaint and I am not only claiming for Age/Gender discriminations, but I am also claiming for damages that directly connected with my age and gender discriminations such as:

- **Abuse and Harassments**
- **Unhealthy and Hostile work environment**
- **Demoralizing Monitoring**
- **Emotional and Mental Distress**
- **Malicious Accusations and Adverse Personnel Actions**
- **Not promoted when my resume is fit for Director of Nursing title but instead The New Jewish Home hired Jenifer**
- **Labeling my English Comprehension and Educational background as substandard**
- **Dental and Medical damages- I wasn't covered for 4 months (deducted from my tax due to no Insurance Coverage) the Health Insurance Person also resigned.**

Very Truly Yours,

Editha Lopez Quirino



**DETERMINATION  
&  
ORDER BY  
Human Rights**





## Division of Human Rights

ANDREW M. CUOMO  
Governor

HELEN DIANE FOSTER  
Commissioner

October 18, 2018

Editha L. Quirino  
308 W. 105th Street, Unit C  
New York, NY 10025

Re: Editha L Quirino v. Jewish Home Lifecare d/b/a The New Jewish Home  
Case No. 10197458

Dear Editha L. Quirino:

Please be advised that this office has received your complaint. Your filing date is 10/18/2018.

A copy of your complaint, and the determination, will be sent to the U.S. Equal Employment Opportunity Commission (EEOC), so that your complaint may be dual-filed under applicable federal law. Your EEOC charge number is 16GB900258.

To protect your rights, it is essential that the Division be notified promptly of any change in your address or telephone number. A form is enclosed for this purpose.

You will be contacted by the Human Rights Specialist assigned to your case when the active investigation of your complaint begins. In the meantime, if you have any questions please call our office at (212) 961-8650.

Very truly yours,

A handwritten signature in black ink that reads "David E. Powell".

David E. Powell  
Regional Director



**Division of  
Human Rights**

NEW YORK STATE  
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF  
HUMAN RIGHTS on the Complaint of

EDITHA L QUIRINO,

Complainant,

v.

JEWISH HOME LIFECARE D/B/A THE NEW  
JEWISH HOME,

Respondent.

DETERMINATION AND  
ORDER AFTER  
INVESTIGATION

Case No.  
10197458

Federal Charge No. 16GB900258

On 10/18/2018, Editha L. Quirino filed a verified complaint with the New York State Division of Human Rights ("Division") charging the above-named respondent with an unlawful discriminatory practice relating to employment because of age, sex in violation of N.Y. Exec. Law, art. 15 (Human Rights Law).

After investigation, and following opportunity for review of related information and evidence by the named parties, the Division has determined that there is NO PROBABLE CAUSE to believe that the respondent has engaged in or is engaging in the unlawful discriminatory practice complained of. This determination is based on the following:

There is a lack of evidence in support of the Complainant's allegations of age and sex discrimination.

The Respondent hired the Complainant in February 2018 as a Clinical Nurse Instructor for its long-term care facility in Manhattan. The Complainant resigned on June 6, 2018, less than *5 months* four months into her employment. The Complainant alleges that, during the period she was employed by the Respondent, she was subjected to a hostile work environment and constructively discharged because of her age (58 years at the time of her separation) and sex (female).

The investigation did not reveal evidence to establish that the Complainant was subjected to a hostile work environment or that she was constructively discharged. The Complainant did

not allege that she was subjected to any comments related to her sex when she worked for the Respondent. She cites three age-related comments that she alleges were made by her supervisors: the Acting Nurse Director Maria Santarina stated that she favored another employee of Respondent named "Christian" because "he is young;" Ms. Santarina also stated that she hoped she would "not be slow like [Complainant]" when she got to be the Complainant's age; and the Director of Nursing Jennifer Tutone told her: "At your age...how can you type this kind of letter to your colleague?" The investigation revealed that even if such comments were made, however, they would not be sufficiently severe or pervasive so as to support a claim of hostile work environment or constitute a violation of the Human Rights Law.

The investigation did not reveal evidence that the Complainant was subjected to any adverse employment action by the Respondent. The Complainant did not allege to have suffered any loss of pay or benefits while employed by the Respondent. She was not subjected to any disciplinary action during the period that she was employed by the Respondent, and there is no evidence that she was even issued any written warnings during the period that she was employed by the Respondent.

The investigation further revealed that the Complainant was replaced by someone who is female and 55 years of age. This new hire is the same sex as the Complainant and is also a member of the same age group as her, and this person was hired on July 5, 2018, three months before the instant complaint was filed.

The investigation did not reveal sufficient evidence to establish an inference of discrimination based on age or sex.

The complaint is therefore ordered dismissed and the file is closed.

PLEASE TAKE NOTICE that any party to this proceeding may appeal this Determination to the New York State Supreme Court in the County wherein the alleged unlawful discriminatory practice took place by filing directly with such court a Notice of Petition and Petition within sixty (60) days after service of this Determination. A copy of this Notice and Petition must also be served on all parties including General Counsel, State Division of Human Rights, One Fordham Plaza, 4th Floor, Bronx, New York 10458. DO NOT FILE THE ORIGINAL NOTICE AND PETITION WITH THE STATE DIVISION OF HUMAN RIGHTS.

Your charge was also filed under Title VII of the Civil Rights Act of 1964. Your charge was also filed under the Age Discrimination in Employment Act (ADEA). Enforcement of the aforementioned law(s) is the responsibility of the U.S. Equal Employment Opportunity Commission (EEOC). You have the right to request a review by EEOC of this action. To secure review, you must request it in writing, within 15 days of your receipt of this letter, by writing to EEOC, New York District Office, 33 Whitehall Street, 5th Floor, New York, New York 10004-2112. Otherwise, EEOC will generally adopt our action in your case.

Dated: **JAN 28 2019**  
New York, New York

STATE DIVISION OF HUMAN RIGHTS

By: David E. Powell  
David E. Powell  
Regional Director

**REBUTTAL  
LETTER**

**THE CLANCY LAW FIRM, P.C.**

**The Trump Building  
40 Wall Street, 61<sup>st</sup> Floor  
New York, New York 10005  
(T) 212-747-1744  
(F) 646-693-7229  
dhc@dhclancylaw.com**

January 9, 2019

**Via E-mail and First Class Mail**

James D. Moffatt, Human Rights Specialist  
New York State Division of Human Rights  
Adam Clayton Powell State Office Building  
163 West 125<sup>th</sup> Street, Room 401  
New York, New York 10027

**Re: Editha L. Quirino v. Jewish Home Lifecare d/b/a The New Jewish Home  
NYSHR Case No. 10197458  
EEOC Charge No. 16GB900258**

Dear Mr. Moffatt:

We represent Complainant Editha Quirino in the above-referenced matter. We respectfully submit this Rebuttal to Respondent Jewish Home Lifecare's Position Statement and in further support of Ms. Quirino's Charge based on age discrimination, gender discrimination, hostile work environment, retaliation and constructive discharge in violation of the New York State Human Rights Law and Title VII of the Civil Rights Act of 1964 ("Title VII").

Ms. Quirino, a female age 59 has charged that she was subjected to a hostile work environment based on age and gender by Maia Santarina, Associate Director of Nursing for Respondent and as a result has suffered severe emotional distress. Although Ms. Quirino filed her complaint *pro se*, she did, in fact, delineate specific instances of discriminatory remarks and comments based on age and gender that were not isolated or merely a "litany of gripes" as Respondent mischaracterizes<sup>1</sup>.

Importantly, Respondent fails to address the salient fact that Ms. Quirino complained continuously about the hostile work environment to the Respondent's administration and human resources, to no avail. After suffering severe physical and emotional symptoms causally related to the increasing stress levels at the Respondent's work place, she had no choice but to resign.

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<sup>1</sup> Ms. Quirino is of Pilipino decent. Having learned English in her studies, it is not her first language.

As credibility is a factor in weighing the assertions by both Ms. Quirino and Respondent, we submit additional documentary evidence to support Ms. Quirino's allegations and in direct dispute of Respondent's false claim that she did not complain, See Respondent's Statement that *"significant to the instant matter, Ms. Q did not raise a single concern regarding her age or gender at any time during her six months of employment with the Jewish Home."* Pg. 2. ¶ 3.

Given Ms. Quirino's stellar professional history and nearly 40 years of experience and dedication in the nursing field, it does not stand to reason that she would just resign from a position that she was extremely qualified for after only six months of employment. She did so because she could no longer tolerate the hostile work conditions, obvious retaliation against her for her complaints and her employer's failure to remedy those complaints. **See attached Exhibit A, resume, Exhibit B, job description and Exhibit C, emails to HR regarding her complaints.**

From the outset, Ms. Santarina disfavored Ms. Quirino in the hiring process and rather favored a younger male, Christian despite his lack of qualifications for the position. As Ms. Santarina was not the hiring decision maker (the Administrator was), her qualifications ultimately landed her the job. To add insult to injury, Ms. Santarina insulted Ms. Quirino by revealing her preference to hire Christian, younger male (outside the protected classes of age and gender).

When Ms. Santarina was unable to facilitate the hiring of her preference, she then recommended and hired him for a nurse manager position. Her telling words of "To be honest I wasn't rooting for you, Christian was really my choice... Don't you know that he is San Beda graduate and plus he is young, if you know what I mean." **See Charge Incident No. 1 Pg. 1.** Other aged based comments include the following: "I know you have difficult in using a computer... because computer wasn't around during your time," "I wish I will not be slow like you when I get your age." P. 2. ¶5.<sup>2</sup>

Considering that various female administrators including Ms. Quirino's predecessor and replacement have all resigned and/or were recently separated from the Respondent's employment because of the mistreatment and harassment by Ms. Santarina (revolving door), there is a pattern and practice that the employer chose to ignore and tolerate.

Ms. Quirino specifically complained to Jennifer Tutone, the Director of Nursing about Ms. Santarina's bullying behavior and her request to work in a "non-hostile environment just like everyone else." While the Director of Nursing, Jennifer Tutone referred to Ms. Quirino's complaint email as "provocative," she did not provide for any effective counsel or training to both sides leaving Ms. Quirino to plead with her (referring her to her own email as a "call for help that truly needed [your] leadership attention").

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<sup>2</sup> Given that Ms. Santarina was not the hiring decision maker, the same actor doctrine is unavailing.

When Ms. Tutone finally met with Ms. Quirino, she asked her whether Ms. Quirino discussed the issue with Marie (the Administrator). When Ms. Quirino confirmed that she did previously complain and did not receive a response, Ms. Quirino advised Ms. Tutone she was reluctant to bring it up again. Ms. Tutone's response was that it "might backfire on you" if she did bring up the complaint again. After Ms. Quirino met with Ms. Tutone, she experienced worse treatment from Ms. Santarina on a daily basis. **See Incident No. 4 P. 6. See Exhibit C, email chain from Quirino to Tutone, dated April 21, 2018.**

The Respondent's Position Statement fails to present any factual or credible evidence supporting its denial of Ms. Quirino's claims. Indeed, Respondent has failed to submit any sworn statements or other reliable evidence in support of its bald denial that it permitted the hostile work environment to continue against Ms. Quirino despite her complaints.

In sum, given the facts and documentation thus far supporting Ms. Quirino's Sworn Charge, and Respondent's failure to present any real evidence refuting her claims other than counsel's legal arguments, we urge the Division to fully investigate this matter and request the following documents from Respondent and witness statements of relevant staff members:

1. Ms. Quirino's complete employment file;
2. Email correspondence between Ms. Quirino and Ms. Santarina;
3. Ms. Santarina's complete employment file;
4. Christian's (male favored employee) complete employment file;
5. Emails between Ms. Quirino and Jennifer Tutone;
6. Emails between Ms. Quirino and Marie, the Administrator;
7. Complete investigative file of HR for Ms. Quirino's complaints;
8. Internal hostile work environment complaints against Ms. Santarina;
9. Similar complaints or Charges filed with the NYDHR and/or EEOC or other administrative agencies for age and/or gender discrimination in the last five years; and
10. Any such other documents that are material to the proper investigation of Ms. Quirino's Charge.

For all these reasons, we respectfully urge the Division of Human Rights to find probable cause in this matter and take all reasonable and appropriate steps to ensure that Respondent is held accountable for its violation of State and Federal anti-discrimination laws. Complainant reserves her right to supplement her Charge and present further evidence during the course of the investigation.

Thank you for your attention and assistance in this matter.

Respectfully yours,

Donna H. Clancy

DHC/ymm



**ORIGINAL  
COMPLAINT  
LETTER**

**My ORIGINAL COMPLAINT LETTER TO  
EEOC & HUMAN RIGHTS**

**Age Discrimination, Harassment, Intimidation False, Accusations and Retaliations**

**8/31/2018**

**INCIDENT NUMBER 1-** Maia Santarina – she was previously the acting Director of Nursing at The New Jewish Home, Manhattan NY.NY.

(2/21/2018 at 8:30 AM) I had a chance to give my appreciation to the then “acting” Director of Nursing for hiring me. And her response was “*actually I wasn't rooting for you (in our language) Christian was really my choice... “don't you know that he is San Beda graduate and plus he is young, if you know what I mean...”*”

**HOW DID I FEEL ABOUT THAT STATEMENT?**

\* I felt offended and very much worried about the unfair comparison that was made between myself and the young contender, Christian by Maia.

\* And those personal information about Christian was new to me. Then later I found out that they made him as RN Supervisor at 3-11pm shift.

\* Anyway, I was not impressed what high school this person graduated from.

\* When it comes to Nursing School, everyone who finished their Nursing School back home, knows the rank /educational standard of my school of nursing, Trinity- St. Lukes College of Nursing. Anyone who did graduate in that school, could easily pass the US Nursing Board Exam on first attempt (bragging aside).

\* We don't suck up to the Administrator here in America to get a DON position and made ourselves the “*untouchable*”. We like challenges and use our brain to do hard work. We are decent nurses. We don't *instill fear to our colleagues to get respect*.

\* Just out of curiosity, I wonder what school of nursing did Maia graduate back home?

2. Maia boasting that she is super strict, that she already fired *several employees in the past*, in fact she said, “*I just fired one Filipino who lied to me!*” I responded by asking, “*should you be concerned with union?*” She said, “*what Union, they are all my friends*”.

**HOW DID I FEEL ABOUT IT?**

\* I was appalled with her way of thinking as a leader. Clearly, it shows that she does not have *appropriate* experience in management and it reflects that her training was *substandard* as well.

\* With her, *bragging* that she *does not have any reservation when it comes to firing anyone*, it was a *strong warning sign that I should be concerned about*. But I need a job just like everyone, so I just sucked it in and just said to myself, “*is that the way she welcomes a new hire, to instill a fear on them from the get go?*”

\* After that encounter, my working experience with Maia was *like walking in an egg shell. A real calvary*.

\* I shared my encounter with her to Myrna (Nurse- MDS Staff) she said, *"Maia usually likes to bully those she thinks she can bully, like the introvert and the quiet ones"* And to clarify more things, I added, *"she also prefers that young guy name Christian"* Then Myrna said, *"because she is a big flirt!"*

\* So, I ended up saying, *"well I guess, it just the way it is, because I was not her choice, so it's alright to being unfairly treated ..."*

### **Two days of digging...**

\* I was practically brand new trying to learn the rope and being swamped by unfinished tasks from the previous Nurse Educator, who apparently left before her retirement. Maia made me dig (like her personal secretary) a room full of employee's folders, (my resume did mention my history of MVA) for 2 consecutive days to look for two CNAs folders (**perhaps she fired them in the past**). She comes and checked me at interval and later was annoyed that I can't find their folders or their names on those In-Service lists.

\* Then out of the blue, she passed a remark that, *"I wish I will not be slow like you when I get your age"*. That was the first time I saw her face brightens -up, but I find her remark as a mock instead of a joke, because she and I never had a good relationship since Day 1, so why would I take it as a joke?

\*Then a 3-11 shift RN Supervisor came to my rescue. She said, *"what are you digging -up? Those two CNAs were no longer in the system, they were already fired!"* I told that to Maia and before I knew it, the RN Supervisor confronted me for relaying what she told me to Maia (wow! I did not know that it was that of a big deal to her, I thought she's tough!) apparently, this RN Supervisor (Lumaqui) was confronted by Maia.

\* This was the same RN Supervisor, who told me that Maia was **unfair**. Her son is also an RN who works night. *His son's daughter (?) was having bloody diarrhea that he needs to bring the baby to the ER.* So, Lumaqui's son called in sick at last minute. Despite of the emergency situation of the baby, Lumaqui's son was **still written up by Maia**.

### **Feb/2018- we had a Department of Health Infection Control Surveyor:**

\* before leaving the building, the DOH Surveyor did emphasize the size of the facility. She said the daily load is way too heavy and too much for one person. She said, **I definitely need an assistant. Maia's face turned maniacal with glaring eyes on me after I shared to her what the Surveyor advise.** And her quick response was, *"you...need an assistance, I don't even have one!"*

\* *Well technically speaking, she is the boss, she could hire personal assistant or an Assistant Nursing Director, instead of depending on me, when she knows my plate is too full to accommodate her everyday tasks and for me to tend to my own role as RN Educator/ Infection Control Officer.*

\* *And like what the Surveyor said, I do need an assistant for patient's safety, quality of care and to protect my license as well. The facility is busy and too large for one person to accommodate its daily demands ...*

\* I was totally offended by her sarcasm that I quickly close the door behind us and start expressing my frustration to her. I said, *"if you did not like the Surveyor's advice, so be it. But I went further by telling her that, "as we know, we are both professionals here, I do not want to be treated like a 10-year-old kid"* She did ask an apology, but I could feel it in my bones it was not an honest gesture. And I was right, *the usual behavior resurfaced and even worse than it was the next day.*

\* *Maia vacated her office for the new DON. I did observe that she locks her new office whenever she is done for the day, with no problem in opening the door of her new office the next day. Then I heard that she went on 2 weeks' vacation.*

\* *First day back on the job, she did summon me then verbalized that **she cannot open her office door because I took the master key.** What was she using to open her office door before she went on vacation then? And how did Rafael opens her office then, when she was away?*

\* *That was it... **That was when the last straw fell...**It will take millions of dollars for me to ruin my reputation for just a key. And even if there are some valuables inside those offices, it still not right to falsely accuse anyone unless its proven otherwise. It was all baseless accusation and intimidation.*

\* *Yes, I did borrow a key from her but that was more than 3 weeks ago or so. And it was **for our own office, never the master key.** And why would she give me the master key anyway, if there were 3 spares of keys for our own office? **It did not make sense to me or even with Myrna at that time.***

\* **My real question was:** What was it that Maia always made herself to repel against me despite of my following all her orders like her personal assistant, with no question ask.

\* Was it because:

- *my age?*

- *was it because of my gender that she cannot flirt with me?*

\* So, what was it then that she can't even try to be nice to me? Can't she at least pretend?

3. The verbal abuse and harassment became a **pattern, wide spread, repetitive** and I did receive also some **copy- cat treatments** from those employees from **higher positions**, who were Maia's frequent office visitors and obviously her **SYMPATHIZERS**. This list was not in any particular order and here they are:

**INCIDENT NUMBER 2:** My Encounter with **Mila Lasker** - the Associate Russian Pharmacist.

\* during one of the QAPI Meetings in front of the Department Directors, apparently *Mila was amused* after she heard that I don't have a report to present at that time. *I saw in my own eyes how Mila sheepishly chuckled.* But I did not stop there, I did voice it out to Brigitte, the QAPI Director that the *Form for Hand Hygiene was still vague to me...*

\* Mark (which role, I will explain it in detail later) came to my rescue and did "*finally*" explain that there are 3 Forms for Hand Hygiene. So, upon learning that, I decided to email the QAPI (Quality Assurance/Performance Evaluation) Director, Bridgette and the rest of the Directors including Mila, saying that I just learned from Mark about the 3 types of Hand Hygiene Forms.

\* after emailing everyone, as the Nurse Educator/Infection Control Officer, I then decided to check each one of the Forms that were submitted to me by all Directors. It appeared to me that we were all in the same situation...*confused!* The funny thing was, *Mila who was amused that I did not have report to submit, was also amongst those who submitted a wrong form to me.*

\* After that incident, we were sent out to Mamaroneck, NY to do Mock Survey to the other branch of the facility. I could feel it in my bones, that when we were at Sarah-Neuman facility for 2 days, Mila was quite uneasy with me. And as soon as we came back to The New Jewish Home (our facility) obviously

Mila did rush-up her report and handed it over to me. I must say, I was truly impressed how she did manage to *downplay her short coming* to me very well.

\* This incident was not the first and the last one with Mila... whenever my report was few days late in submission, she was so *stern and intimidating*, that she sounded like *she was the one who was handling my pay check*.

\* My last encounter with Mila, when I was per using the front *desk phone looking for her*. She was practically *yelling on my ears, she sounded so annoyed pertaining to the Antibiotic Stewardship meeting*. The truth of the matter was *she was indecisive whether to cancel or resume the meeting* because some of the members cannot attend. But the latest update she gave me, was not really the latest update. That's why I was looking for her to make sure that it was cancelled.

\* It does not take hard to tick-off Mila. I was right, in some sort of bullying way, she ordered me to re-do my report. My long and tedious report that I put 2 weeks of my time to finish it. Just because I submitted it to her, 2 days early, so I therefore need to re-do the whole thing? *Ok, I can let that order slide, but this will be the last time that bullying tactic persists...*

### **HOW I DID FEEL ABOUT HER ATTITUDE?**

\* being *bullied constantly, is emotionally and mentally painful to someone's confidence and ego*. You feel like whatever you do is *never enough*. Being bullied is *truly painful*, especially when you are directly "*invalidated*" in front of your colleagues.

\* So then, I did rush to get into my office, pick up the phone and made my voice *assertive* and told her, "*I will re-do my report if I have time. Since I don't have time right now, you should take it or leave it, and I couldn't care less! So, if you excuse me!*" and I did hang up the phone quickly. Oh, believe you me, it felt so good, as if a heavy white elephant was lifted out from my chest.

### **INCIDENT NUMBER 3:**

My Encounter with Mark – he is an Agency RN, who works several years at The New Jewish Home

\* they been using him as an IT, acting Nurse Educator and as permanent Nurse Manager on the unit

\* He is another "*bully*", it was reason for me to be more *self-reliant, instead of receiving assistance from him to propel and learn the system*.

\* before I go on describing Mark's role at TNJH, Maia and Mark (who both are in respectable and high positions at TNJH) had a history of *severe and very unethical bickering in the past*.

### **WHAT DID I FEEL UPON HEARING THIS?**

\* *I wonder why they are still employed in that facility*. What was the Administrator and Director of HR Plan of Correction done to this kind of *unprofessional misconduct in that facility?*

\* It appeared to me that it is a *battle ground, better yet, to call an arena with lots of warriors with their best swords and protected with their strongest shields, ready to fight while being watched such as the: by the Administrator herself, the HR Director, each Department Directors and the rest of the Roman spectators!* \* No wonder why there were having all kinds of Training (Leadership Training, Sympathy Training and Customer Training) in that facility, which were running almost at the same time. Someone asked me among those Nurse Managers, "*aren't you surprised?*"

**\* What happened to the Progressive Disciplinary Action that all Health Care Facility should strictly abide. Is the DOH, Professional Regulation Commission, EEOC and Human Rights know what is going on inside that facility?**

\* Going back to this Mark and his funny behavior, one time *he did peek first on the other side of the cubicle to make sure that Myrna (RN-MDS) was not there.* Then Mark started to *treat me like a maniac, screaming on top of his lungs enough to burst my ear drums and my wax to come out from my ear canals.*

\* He did also bully one of the night RN Supervisor. He was *so loud and tactless in ridiculing her* that I can't help to make a "shoo/hush" sound to shut him up. He was so loud that I even heard him at the back and down at my office

\* There was another instance that he also ridiculed one of the new RN's background, by broadcasting out loud, *"how did she pass the Board Exam, if she can't even speak and write proper English!?"* Rafael one of the male Nurse Manager said, *"Mark is really harsh sometimes"*

\* I told Myrna (RN-MDS) when he was trying to check it out first if she was on the other side of the cubicle before he started to verbally abuse me. Myrna said, *"do you know that we used to share the same office? He knows that if I was there at that time, he cannot act like bully, because he knows I won't allow it!"*

#### **INCIDENT NUMBER 4:**

AILEEN – The HR DIRECTOR

##### **My first encounter with Aileen:**

\* My first week at TNJH facility when we had a Mock Disaster Training. Eileen and I were supposed to be partners to receive patients who were in distress.

\* I did not know what instruction she received. She had a walkie -talkie in her hand and both ears with ear phones.

\* The main instruction to me was to listen to the instruction coming from the air paging system. Apparently, she cannot hear that because of those paraphernalia that she had to listen to at that time.

\* So, several times Aileen was insisting for me to follow her instruction instead. Which I did not pay attention to what she said since it did not match to the air page instruction and with the commotion around us that she wasn't paying attention to.

\* Again, with her eyes glaring at me while her teeth were tightly clenched, she was instructing me to follow her command which was totally opposite of what was going on. This incident was repeated several times.

\* First, I gave her a "no" signal and pointed the air paging system. But she was annoyed that I was following the air paging system.

\* Finally, during the recap, she admitted, by explaining and did ask apology to the administration that she had difficulty hearing the paging system because of those paraphernalia in her possession at that time.

## HOW DID I FEEL ABOUT IT?

*Aileen directed her apology to the wrong tree, well in fact I was the one that she constantly harassed with her loud mouth and intimidating stares? That did not make sense to me at all...*

### My Second Encounter with Aileen:

\* It was Nurses Week. We had a plan that was put on hold for few months, because it was too much hazzle to put it into action. So, Maia and Mark's idea is to put- up a booth in the big Hall, like everyone else doing, and have all the employees read what posted in the booth (12 Annual Mandatory) and have them sign in an attendance sheet.

\* Since they were my seniors and they did the same thing last year, so I did follow their suggestion. In fact, I even used some parts of the project from previous years. It was eazy-breezy and whoever did sign, received some cute give- away, as motivation for the other employees to get in line to sign in.

\* So, after all the preparations and running like headless chicken, the Nurses week was over, and Maia directed me to put the attendance sheets all together and give it to the HR.

\* The following week, after Nurses Week was just over, I met Aileen in the lobby. She was with the Medical Record Director. I believe we were in front of the surveillance camera, when she confronted me by asking me, "Editha, were you the one who put those attendance sheets on my office table???" And I said, "yes" All of a sudden, with the same eyes that I've seen before, and with raised voice, she quickly uttered, "THIS MUST STOP!"

\* I managed to keep my composure and I requested if we can speak inside her office. She vehemently refused, because she did not have time. And I said, "if you have time, just let me know..."

\* Objectively speaking, I strongly do suggest for this HR Director to attend to that going on Leadership Training at least 3x. Maybe it might soften the harsh and unprofessional attitude, which very unlikely of an HR Director.

### INCIDENT NUMBER 4:

**JENNIFER TUTONE – new DON (Director of Nursing) written with Maia's partial role also...**

\* second week she invited me to have a short chat/interview at her office. OK, that will be my good chance to share with her about my conflict with Maia. But this invitation did not happen, although she interviewed all the Nurse Managers, but me.

\* So, with my request, we finally discuss my conflict with Maia. I told her that the harassment seemed to be repetitive and it has a pattern already. She asked if I discuss it with Marie (the Administrator) I said yes, but only once, I don't want to do it again because... then Jennifer herself finished the word, "might back fire on you."

\* Only few days after my meeting with Jennifer, here comes the biggest bully, Maia called me in her office with an open door... right away she confronted me. She said, "why did you send that new hire LPN to the Sympathy Training??... Then she said, "don't you know that I am the only one who can send people in that training?!? That's why I come at 7:30 in the morning to send people there who are in my list. And this particular person is not in my list! "So, who told you to send her to that training?"



\* We just came back from 2 days Mock Survey from the other facility at Mamaroneck, NY the Sarah-Neuman facility. *How can I be in two places at the same time?*

#### **HOW DID I FEEL ABOUT THIS SUDDEN ACCUSATION?**

\* I was shocked with her baseless assumption in confronting me. But even then, I tried to keep my cool and told her just calm down, I will find out who did it.

\* So, I found out that it was the new DON. The new hire LPN even described it to me that the DON, *"even held my hands and directed me to the conference room."* I told Maia that it was the DON who sent the LPN to the training. *NO apology or whatsoever, she just downplayed it, as if nothing happened.*

\* Jennifer, the new DON was invited to the class of new hires under my supervision. She gave a very convincing speech about DIGNITY AND RESPECT. She was so passionate about it that I was impressed, and she even won my trust right away.

\* As soon as that speech was over I decided to send her an email discussing again my growing conflict with Maia. And just like what she mentioned in her speech, everyone deserved a DIGNITY and RESPECT.

\* I couldn't retrieve that specific email to her. Apparently, I've been noticing that some of my emails just disappeared in my Inbox or from anywhere in my email server, for no logical explanation.

\* I believe that it is worth mentioning that Jennifer, the DON/ IT and Nancy the IT Director/RN have similar background and they are currently working hand -in- to do some IT changes in the computer system.

\* Going back to Jennifer, upon reading my letter to her in front of me, it appeared that she just skipped the whole body of the letter and went ahead to the part that she could give her own interpretation easily.

\* And then before I knew it I was being accused of sending her a threatening email. She said in condescending manner, *"at your age and with your level of education, how can you write this type of letter to your colleague? I was dumfounded with her direct accusation!*

#### **WHAT WAS MY RESPONSE TO THIS BLATANT ACCUSATION?**

\* Actually, it was the other way around, Jennifer was the one who threatened me by saying, *"I know how to handle this type of letter!"*

\* *Yes, at my age, professional status and experience, and to base with my current experience in this facility, if for instance a certain facility gives you a feeling, as if you are being surrounded by snipers and unknown enemies, I strongly suggest deploying a **Whistle Blower**.*

\* *A skilled, fair and square, well trained, Whistle Blower, to be deployed in every health care facilities in this nation. A one damn good "Whistle Blower AKA Federal Health Care US Marshall".*

\* *Like my brother, who is top ranking officer in the US Army, he is very smart, honest and with strong stamina. He was deployed twice to the battle ground in the middle east and came alive and in one piece.*

\* *I believe we do have a silent battle ground in many work places here in the homeland. That battle where they sent my brother has very similar situation where I was previously employed. It is a bad thing to say, but it's true to my experience.*



*\* But unfortunately to be a good and well-trained whistle blower, is not what everyone wants to do because of the fear of reprisal, then eventually lose their job, unless they are given immunity.*

#### **HOW DID I FEEL ABOUT THIS?**

*\* For Jennifer to tell me that my letter was threatening and saying, **"I know how to handle this!"** That shoots a lightning sensation into my spine. I was terrified of what she can do. I was perspiring profusely and felt dizzy for a moment. It was an extreme intimidation from a Director of Nursing that I thought I was going to pass out, but I managed to keep still. Then before I left her office, I uttered that, **whatever she feels like doing, so be it. I am ready if my letter backfires on me.***

*\* Instead of Jennifer perceiving that it was an SOS letter, **calling for help**, she did presume right away that it was a physical letter of aggression. But there were so many ways to interpret that letter, but why take it right away as a form of "physical aggression"? **Was she a victim of aggression in her past? Is that why Jennifer acted hastily, without even going to due process of investigation.***

*\* And sure, enough after saying **"I know how to handle this!"**, an unusual squadron of all the floor Nurse Managers came to the IT Room (Sutros Learning Center) They were all standing at the background but then decided to all leave they witnessed that I was terrified with huge size cockroach crawling on the floor.*

*\* If these Nurses Managers were instructed by this DON, Jennifer, to refresh their skills with computer (as what Rafael did reason out to me) then **why Mark, the IT trainer was also included in the squadron?** So, is this how Jennifer, the Director of Nursing, handle an issue among her subordinates?*

*\* And for about two weeks, almost each one of the Nurse Managers started asking me a very odd questions, **"are you supposed to be home by now? Or, when are you going home?"** Then stops....*

*\* I strongly believe that all these irregularities were not an equal treatment towards any worker in any work establishments. This an outright form of INTIMIDATION with the aim to instill fear on someone.*

*\* Are these managers really believing and/or entertaining in their minds that I was capable to commit misconduct or perhaps even to physically assault Maia?*

*\* Yes, I want my **Dignity and Respect** back. I was serious in regaining it, especially after hearing Jennifer's brain storming speech. And she said strongly, that we are all entitled to be RESPECTED and to keep our DIGNITY intact. Yes, she did mock **my age** and **accused me of being unprofessional in writing that letter which was an actual "calling for help" letter.** And YES, I do need to regain those good attributes back, after that **place took those away from me.***

*\* Since it appeared to me that meeting with Jennifer to resolve our issue, was just for a "show" and Maia's harassment never stops. And all Jennifer can say is a, **boot camp army slogan**, **"Editha, this MUST CEASE!"***

*\* Therefore, **to protect myself from further abuse and humiliations**, basing from management experienced in the past, I did create an **8 Weeks Behavioral Management.***

*\* And to be fair, it was made for both Maia and I. The DON approved it. Maia's abuses and harassment did stop for a while. Since then, anyone can easily delineate my working environment from less hostile to full blown hostility at that time. It was the outliers that were slowly coming into the view, actually...*

\* Slowly a wide spread *"pin cushion/crab-mentality" effect was creeping in. It was a random attack from different departments. Was it their way to retaliate with my whistle blowing approach to each one of them?*

\* One day, I was sick due to *severe Migraine and GI upset for 4 days*. During that period Jennifer was *constantly harassing me*. But whenever she puts the situation into writing, she sounded reversed. Meaning compassionate and all that...But by phone, she was **verbally attacking me**, such as:

- *"why you did not call the RN Supervisor and Maia that you are not going to show up?" I said, didn't you order me to direct my concern to you and only you?*

- *what is your plan B for the orientation? I said, "Jennifer before you and me, came along to this facility, they were self-supporting. You'll be surprised how they managed it among themselves"*

- *then why you did not call me? I said, I tried but the reception in my place was not good. I am being surrounded by tall buildings,"* and even I want to call my 95 years old mother as part of daily rituals, I cant...

- *still with harassing voice, then why did you not email me? I said I did twice. Indirectly, through Dr. Goldberg and then directly to you the second time.*

\* she insisted that she did not get the second email and she demanded to send it to her right away. I told her, *"right now I am terribly sick with Migraine and stomach pain that I can't even barely move let alone getting up to open my computer"*.

\* I was truly sick, so I get easily tired by her harassments. So, I told her for the last time, *"Jennifer, I may not be your patient but right now I am a patient and I am truly sick. I need peace of mind instead of your harassment. So please if you're kind enough to leave me alone" Thank you.*

\* Then she went on and on and hanged up on me...then she denied that she hanged up on me though.

***I thought this person was my salvation, but she created more havoc than it was.***

#### **INCIDENT NUMBER 5:**

**Nancy Stoddard- The Director of IT Department**

\* Nancy who just like Jennifer is an RN/IT. These two bullies, work hand in hand to **"update"** the computer system.

\* So, one day, my computer that I used for teaching the new hires had a problem. I met a female IT technician in the hallway. It seems that she was oblivious that orientation for new Hires is a priority.

\* She blatantly refused to give me assistance. Since I figured out that it was a waste of time to engage furthermore and time is an essence during orientation. So, I did excuse myself and walked through an open IT door.

\* Brian's office was closed, and I overheard that he was with someone. So, I waited outside, while this lady was continuously trying to pick -up a fight. To bicker is not something that I would want to engage unless I don't care to lose my job instantly. I just stepped back and left her alone.

\* Then suddenly the door was open, and Brian wants me to follow him. We went to the other IT room, he did pick up a brand-new cable and told me to keep it for myself. Then we went to the Conference Room. He fixed the Video/Movie System. All the new hires were very thankful to him.

\* Three days after the incident, Nancy Stoddard, the IT Director, sent me an email stating that I did harass one of her IT employees in **front of the big class**. I responded to her email by saying, *"I have nothing to explain or to be defensive about, because what you were claiming was a complete false accusation" In fact I was the one who was harassed by your IT Technician, but I did manage to keep distance from her.*

\* And to prove that I did not harass anyone in front of a big class as what Nancy Stoddard was claiming, *I did ask all the students who were inside that conference room that time to sign a sheet to prove that I did not harass anyone, specifically her subordinates in front of a big class. And everyone signed and verbally expressed to me that nothing like that took place in the class. Nice example of "pin cushion effect" from "outliers" (Directors) right there...*

\* I did ask Brian if in any shape, way or forms that I did harass him in front of the class. **We were talking by the door in front of the camera. He said, what?? NO!**

\* *Thank God, before my letter was disappeared in my INBOX again, I managed to print it. So yes, despite of unusual disappearance of my messages in my inbox, I did manage to print some crucial information.*

\* After Nancy CC her email to Jennifer, Maia and Marie and my response to her and CC it to the same group of people- **did I hear any response from these leaders?** Nope...*the malicious and false accusation apparently just fell into deaf ears and shoved under the rug...*

\* It was in this stage that something hit me inside. It was a sudden **"fear of the unknown"**. I do not know what and how to deal with it at that moment in time. I felt lost and scared to lose my job. I do not know where to run for help. *The first thing that came into my mind is to go to a neutral place where it won't create further insult to the situation.*

\* I am Catholic, but I know in my heart that, Rabii, Priest, Imam- *they all God-Fearing servants of children of God.* Their ground is neutral and they are all good-natured individuals. I know the Rabii is a graduate of one of the best schools in the US.

\* So, I went to the Rabii office as my refuge. I did confess to him almost everything that was going on at that day. He apologized that it was not really his specialty, but he advised me to go to HR. I told him I had reservation with the HR Director because of the incidents that happened in the past.

\* *And then he did advise me to keep a Log Book that from there on, that I should start to log all the incidents in connection with the employees in that facility. And I did...*

**INCIDENT NUMBER 6** -- Bridgette Zimmerman, the QAPI Director and now the Asst. Administrator

\* Maia is not fond of Bridgette. She said she is over the top. She acts like the DON but she is not even a nurse. She did advise me in two occasions not to mingle with Bridgette.

\* But my first impression with Bridgette was a benevolent, smart and helpful colleague. She was the only one who really sat down with me and patiently teach me with what she does with the computer, task wise.

\* so being bewildered and weary with the people around me, especially with Maia, I shared to her how Maia was *unkind and constantly harassing me.* That I am so much afraid to lose my job if I don't follow her in ordering me and bullying me around.

\* Bridgette confided to me that, Maia is a ***“power hunger”***. And she was ***glad that she wasn’t chosen as the Director of Nursing***. That ***I shouldn’t be worried because she has a great relationship with Marie (the Administrator)***. For the first time ***I felt something lifted out from my chest***.

\* I also shared to Bridgette about ***Maia harassing me about the LPN*** that she presumed I was the one who sent it to the Sympathy Training. Bridgette this time advise me to discuss it with Jennifer.

\* Bridgette taught me what to check in the Isolation Bins in the unit and how to contact the Management Department in stocking them up or replenish all the bins daily with supplies.

\* Before I knew, it became one of my daily tasks to do now. And few weeks later, she emailed the facility that she is no longer responsible in training workers to be certified in giving CPR, that she was assigning it to me as well.

\* ***So, no assistance as per advice of the DOH Infection Control Surveyor but more hidden tasks being added to my job description despite of my feeling of being drawn or suffocated in that place already. My father died of massive heart attack at the age of 57, am I going to have the same predicament?***

\* ***When Bridgette was promoted as Assistant Administrator, her treatment with me drastically change too.***

\* Before Nurses Week, I requested if Bridgette could kindly explain to me how to tabulate the Hand Hygiene Forms properly since all Department Directors were submitting to me a not quite accurate HH Report, including the Administrator and the Medical Director.

\* Jennifer was with us that brief meeting in her office. The example that she gave me was exact numbers. She said if you have any problem, try to review it with Jennifer. I tried to count all the HH Report reported to me in front of Jennifer, there was a problem in tallying the total.

\* Jennifer said, ***“I get it, you have to do it a thousand times!”*** So, Jennifer told me to go back to Brigette because ***she does not want to tell me something that she was not sure about.***

\* Bridgette at least have few more days to review the problem with me before the QAPI presentation, but never happened. So instead of resolving the issue with me ahead of time, she used the Board meeting as an ***opportunity to directly broadcast (with no filter) that she does not believe about the result of my report.***

\* She just ignored me to further clarify what was causing the problem. The clinical part was correct but the tallying -up has a discrepancy. She said will meet afterwards, but ***she never did meet me.***

\* Then another ***“pin cushion tactic”***, out of nowhere she did ask me if I ***had the change to speak with the Director of Management***. For What? Apparently, they were canvassing a new n95 mask for asbestos protection. I went down to the Engineering Department; the Supervisor was not even aware about the current project that was going on.

\****So, I email Bridgette and Marie about it. Again, no response from Bridgette (the stickler) but Marie for the first time sent me an email about the project that no one knows except her and Bridgette.***

\* ***So why sniped me about it in front of the Directors and Doctors, so that I look clue-less? That I do not know what I was doing? Well in fact, she was the one who mislead everyone for quite awhile with her Hand Hygiene Forms, that no one knows how to figure it out. And now a new project that no one knows what it was all about?***

\* Wow, I wasn't being malicious to correct the chronic issue that perpetuates, but everyone was blind folded about it. As far as I know I dealt it accordingly. I followed her instruction and even waited for her, so I could tally -up my report correctly. But she never came. And before I knew it, *she was sniping, embarrassing and intimidating me right in front of the Board of Directors, MDs and NPs. What's up with this new Asst. Administrator?*

**INCIDENT NUMBER 7 (the Big Boss) Marie Rosenthal** – the Administrator/ with Doctorate Degree in Nursing.

\* The aloof, detached and her smile worth a million.... My interview experience with Marie Rosenthal was lukewarm that only lasted for 10 minutes perhaps even less than that.

\* I did observe that whenever there was a chance that we were about to meet in the lobby or in a small space, Marie will obviously walk faster, look away or go back to the room where she just came out, which I found it odd.

\* In fact, during Nurses Week, everyone said something about my beautiful booth for moral support but never from the big boss, and yet she was sitting right in front of my booth.

**\* P and T meeting (every second Tuesday of the month/ February 2018)**

\* My first time to present a report about Infection Control. Maia gave me all the data about Flu cases which was temporarily her responsibility before I came.

*\* It is a 540-bed capacity, so for me it is possible to have at least 40 or even more to be afflicted during Flu outbreaks. So, I reported 40 cases which Maia gave me instead of 14. It was corrected by Marie but did not let me continue the rest of my report. So, I just kept quiet the whole meeting.*

#### **WHAT DID HAPPEN AFTER THE MEETING?**

\* After the meeting she called me in her office and confronted me in a very condescending way. She said, *"what happened to you Editha? I thought you were an ICU nurse?"*

*\* But what is my work background got to do with my report??? First, this report was started before I came. Maia gave me the value, so that was the number that I reported.*

*\* Anyway, I took that opportunity to tell Marie that Maia and I do not click. I was suffering a frequent mental block lately and very anxious because of Maia's frequent harassment. I told her that at one point I almost walk out on her. I did mention that Maia preferred Christian because he was a San Beda Graduate (an exclusive High School back home, meaning he is fluent in English) and he is a lot younger than myself.*

\* Marie's response was, *Christian do not have experience. And she persuaded me not to walk out because there will be an incoming new DON. And this DON is going to make a big change.*

\* But I don't believe that I was able to rectify my mistake during the Flu Report to Marie. During Wound Care Meeting, the Chief Dietician presented wide spread problem in the facility, that some Nurses were not putting a date after wound care. This could be a tag/deficiency during DOH Survey time.

\* Basing from my extensive Wound Care experience and as an Agency Interim Director, I was exposed in different Nursing Home facility and one strategy that I picked up was, Wound Care is being done at night 11pm- 7am shift.



\* That way they were all done and not to be a concerned during day shift. So, no one is going to be caught doing Wound Care and being observed closely and scrutinized by the DOH Surveyor to get a tag / deficiency for any Nurses unanticipated mistakes.

\* *Suddenly Marie cut me off and with annoyed voice, "Editha, you don't understand what they were talking about!" She stood up and leave. It was a quiet moment. A long pause... Everybody was looking at each other. It was the longest, embarrassing moment in my life, I felt like I want to melt right there and there.*

\* It may be true that English is just my second language, *but I was accepted in Medical School in America, in fact in State of NY.* That was before I had a major accident that broke few of my ribs.

\* That's how I lost my seat in Med School. But even then, I graduated back home, of which our method of teaching and the text books that **we use are all authored and published in the USA.**

\* ***Bragging aside,*** I am only describing this because it was a terrible feeling being invalidated in front of your colleagues. ***One very damaging and embarrassing situation that no one wants to be.***

\* Since 1945 after World War 2, our Medium of Instruction was adapted from Western English language, that was after American liberated as from Japanese occupation. In fact, 100% of all the universities in my country are using English as a Medium of Instruction.

\* That's why we Nurses, and Doctors don't need to take extra classes once we did graduate Nursing and Med school back home. We just take the Board Exam whatever the American Citizens take in American soil and then we go to work.

\* *Who is Marie to judge me that I do not know or understand what her subordinates were talking about?* Just because she is the Administrator and has Doctorate Degree in Nursing, she can get away in belittling or putting down her foreign- borne subordinate? *Is that her way of showing her leadership skills to her constituents?*

\* *And the irony of all these commotions in that facility, Marie, instead of working on disciplining Maia's aggression:*

- *she promoted her as Associate Director of Nursing*

- *had a big dinner to celebrate Maia's promotion*

- *was given a two weeks' vacation -- only to come back and maliciously accused me of stealing the office Master key.*

- *How are those luxury prices freely given away to Maia, while it is known that she is ... oppressing workers??? Is that equal opportunity and rights in a work environment?*

- *before anything else, how about giving Maia a proper HR orientation for her position to have an idea what is Equal Employment is all about...*

#### **OTHER COMMENTS AND EACH EMPLOYEES FEEDBACKS:**

\* ***What happened:*** to the previous DON that just went on vacation and never to return?

\* ***What happened:*** that it was like co-incident, both the DON and Assistant DON left only few months apart? I have a USB left in my office (my office was also the previous ADON office) that the ADON was already preparing to leave few months before her retirement comes.

***\* And what happened: to the previous DON, ADON/Nurse Educator and the New Nurse Educator after me? It seems that the turn over is too fast (less than 6 months) for 4 people from higher positions to leave?***

***\* It was clearly written in my resume that I had a **history of MVA** in the past, so common sense wise or if Maia really has experience in management, she will ask me first if its ok for me to repetitively dig files and lift boxes.***

***\* And now I am being treated again for **inflamed tendonitis with no insurance**. Maia and this new DON, Jennifer are **truly reckless leaders, who operate mostly out of impulses (in "id" level- the barbaric part of the conscious mind)*****

***> no self-control***

***> obviously not equipped with experience on how to deal with conflicts.***

***> do not know how to find options or common ground to pacify conflicts***

***> do not know how to appropriately conduct a thorough investigation before assuming things (worst is, in the most negative possible way)***

***\* if these two administrative leaders were properly screened and/or trained during hiring, perhaps the other leaders and myself, are still employed in that facility.***

***\* And I was spared from all these unfair discriminations, unequal treatments and all unnecessary commotions by the team against me, that created havoc in that facility.***

***\* If I jumped because I was terrified with crawling cockroach, so let alone hurting another human being that is capable to response back. My ribs were already messed up, so common sense wise, why would I engage myself with physical aggression? My threshold for pain in zero, whether anyone believe it or not...***

***\* I grow up with my grandparents who inculcated in me a good moral character and to be an upright citizen. Same thing of what a retired 95 years old teacher (my mother), who taught us how to be good and kind to others.***

***\* But it is also natural for me to protect my only source of living for 35 + something years against potential jeopardy. This one of the reasons why I am filing a complaint to this facility and against those bullies inside in that health care establishment.***

***\* Here is the outcome of my personal investigation, when Maia was starting to harass me and up to date:***

***1. My biggest question during my interview was: How come the previous DON and Assistant DON left only few months apart?***

***2. I found a USB, as proof that the previous ADON/Nurse Educator did not retire yet but was contemplating to leave even before she retires. (Maia claimed that she retired)***

***3. Dennis Nepomuceno, RN- verbalized to me his unrelenting "hatred" to Maia. He was harassed by Maia in the hallway, he said that "Thank God the incident did not happen in the Philippines, perhaps he could have squished Maia in the elevator".***

> He also added that Maia should be fired in that facility with all the potential legalities that she is bringing to the facility. And according to Dennis Nepomuceno, he also did verbalize this to Marie, the Administrator.

*\*And he had also a severe encounter with tactless Mark, that Dennis said, "how can you respect all these abusive people???"*

4. Dominggo RN- he was verbalizing to me that Maia is a show-off and she did fire a lot of Nurses and CNAs in the past. Maia don't even acknowledge Dominggo as his townmate. He said she is so bossy but she is "bobo!" meaning slow learner, because she failed an EKG exam that most of them passed it. And then he asked me, why Maia is still bossy and show-off if she already got the full trust of Marie, the big boss?

5. Maia is one of the "Untouchable and demonyita (demon) as what Mark labeled her. If there is one problematic employee in TNJH, don't worry, just bring it to Maia...

6. Myrna RN-MDS-stated that Maia clearly does not know how to lead. She lacks experience and she creates havoc over her constituent (in our own language) And she added for me to remember, she said "in this facility, if they like you, you are error-proof but if they don't like you, no matter what good things you contributed, they are totally blind about it.

*\* I hope they don't touch her, Mryna is in her retiring age. She is a hard worker and she wants to work more to add more to her Retirement Plan because she just came here in State 10 years ago. Her husband had an Open-Heart Surgery recently.*

7. Besides my office mate Myrna, there was another person who I tugged along with and my sounding board when things go rough. But I promised that I won't use her as a witness (but I hope she volunteer this time) because is also in her retiring age and plus she is a Mt. Sinai employee. I don't want her to lose her position just because of involving her with the animosity of that facility. But she heard every detail of my anguish in that facility. I even text some of the incidents to her.

8. Agueta- who is also an asset of the facility, an honest payroll employee, one time asked me. Is your boss still Maia? I said yes. She came in here, with no words, just bypassed me and went straight to my boss. As if I was not a Filipina like her. I saw her again in the elevator, trying to show-off by being stern in reprimanding a visitor not to bring her kid in the facility, with no explanation or whatsoever...

#### **9. MY LATEST UPDATE:**

*\*\*\*\*After I left my position, TNJH hired a new Nurse Educator/Infection Control Officer right away to take my place. But right away, Ms. Scott- Brown found the exit door and never came back. There was an obvious pattern of less than a year of hiring and firing in that facility. And even those two administrative staff, the DON and ADON who just left almost at the same time and only a few months before I came.*

*I strongly believe that this is the high time to use that army camp slogan, "this must cease!" to this current administration.*

*There are many more witnesses but not willing to step-up due to fear of reprisal and lose their job.*

**THERE WERE ALSO A HANDFUL OF PEOPLE THAT I MADE A GOOD CONNECTION WITH DURING MY STAY AT TNJH:**

1. Michael – the Director of Food Services



2. *Rafael – The Community of Nurses Manager*
3. *Jean Pierre-Pierre – Nurse Manager at 4<sup>th</sup> Floor*
4. *Eric - Nurse Manager – 3<sup>rd</sup> Floor Frank*
5. *Dennis Nepomuceno – Nurse Manager at 2<sup>nd</sup> Floor – Friedman*
6. *Dominggo RN Manager – also at 2<sup>nd</sup> Floor Friedman*
7. *Betty - Union Delegate at the Security Department*
8. *Rabbi Jonathan*
9. *Jackie- RN Manager – 6<sup>th</sup> and 7<sup>th</sup> Floors, Frank Pavillion*
10. *All Filipina RNs except Maia*
11. *Genovese – RN (11p-7AM shift)*
12. *Marie Pierre- RN Manager at Frank*
13. *Julio RN Manager at Sub Acute*
14. *Carole BSN, MSN in the Nursing Office - Best Friend Forever (BFF)*
15. *Myrna RN, MDS- my office mate*
16. *Aguita – Payrol*
17. *Ms.Door RN at Sutros*
18. *Wound Care Doctor*
19. *Dr Goldberg – Antibiotic Stewardship Consultant*
20. *Dr. Ruth – Assistant Medical Director*
21. *Rich – The Environmental Services Director*
22. *Julie and all the floater RNs*
23. *The Rehab Department*

*\*\*\* the NPs*

*\*\*\*The Head of the Security and all his assistance,*

*\*\*\*The Maintenance and Engineering Department (Richard, Tony, David, Prince, Dan and Jose),  
Laundry people and Medical Supplies people,*

*\*\*\*the Servers in the café specifically a young lady who is sending me HELLO up to this time!*

*\*\*\*And 97% of all the RNs, LPNs and CNAs who attended my orientation all gave me an excellent written feedback. With special mention to the two Russians RNs who gave me Champagne (no, not Vodka) as token of appreciation.*

*They all verbalized good things about my teaching strategy and how I handled every class with enthusiasm and fun. I did share knowledge and skills that they could use daily as a tool to the clinical area.*

*All their acknowledgement and appreciation did make my heart bigger than my arms to hug. Too many fun and informative stories to tell on my part as their Nurse Educator...*

**CONCLUSION:**

\* I therefore conclude that this current administration recklessly discriminated me, and they caused so many animosities as their way of retaliation against me during my employment at The New Jewish Home.

\* The administration was lenient pertaining to their undisciplined employees, starting from the higher ups to the middle management. They allow a hostile environment to perpetuate which mentally and emotionally draining and even destructive to employees.

\* If the leaders are undisciplined, then what do you expect from the subordinates. This administration was obviously ignorant on how to run a huge business establishment and lacking knowledge and expertise to provide equal rights at work. The American-Dream opportunities is only a dream and repetitively failed to provide a healthy environment to old and new hires alike.

\* The administration play Laissez Faire too long, to stop the obvious employment animosities in that health care facility. And no one among those leaders did even attempt to stop the hostile working environment, including the Administrator, DON, ADON and HR Director, but they rather ride along with these departmental bullies, with special mention of the Administrator and Maia, who create some kind of cover up, so to make it appear that it is actually the employees, not them, who are the real culprit.

\* Instead of the administration attempts to find the root cause analysis of the culpability of the management and the administration, their defensive tactic is to isolate an individual, labeled as "don't fit for the job", so that each one of them could do the, "sniping attack, pin cushion effect or even crab-like mentality strategy", until the final termination or resignation of this unfortunate employee. The administration, instead of creating a Plan of Action/ Correction, as professional way in correcting conflicts between employees, but they themselves are the cause of the commotions, **the bullies**.

\* I did send Jennifer, Maia and Marie a Corrective Plan of Action explaining that I don't want to engage in any hostile work environment unless a check point is put into place to protect myself from further bullying, false accusation and harassment.

\* If the 8 Weeks Plan of Behavior Management, would not resolve the conflicts between Maia and myself, including the people who willingly participated with these bullies attacks, then my next step will be a letter to the CEO, then finally to the Human Rights.

\* But the Rabii did advise me, not to direct it to the CEO, but send it directly to the Human Rights. I don't know why Rabii Jonathan said that, but I was thankful though. I hope the facility don't retaliate against him and do a hokus-pokus to fire him, because he is fair, a good and honest Rabii.

\* My mother just turned 95 years old this month. Her wish is for me to move here in NY, so I can at least visit her before her final sleep. What a wonderful place to be...

\* My father who was a hard-working man died at the age of 57. I resigned my job because I don't want to end up with the same predicament as my father.

\* So, I did resign from my unhealthy and hostile position because I do not want to follow same life predicament that my father died of at the age of 57. Too young to die...

**Therefore, I am claiming damages for:**

- \* age discrimination,
- \* malicious and baseless adverse personnel actions
- \* unwanted surveillance and invasion of privacy,
- \* defaming and ruining my reputation,
- \* abuse & harassment
- \* hostile work environment,
- \* emotional and mental distress

\* Against, The New Jewish Home located at 120 West 106<sup>th</sup> NY, NY 10025 and the person's named herein (Administrative Staffs):

1. Marie Rosenthal- the Administrator
2. Jennifer Tutone– the Director of Nursing
3. Maia Santarina – acting Director and currently the Associate Director
4. Aileen – HR Director
5. Mila Lasker – Associate Pharmacy
6. Mark – Nurse Manager; acting Nurse Educator and IT.
7. Bridgette Zimmerman- previous QAPI Director; Assistant Administrator
8. Pat – former Assistant Administrator
9. Nancy Stoddard – RN, Director of IT

Tel #: (212)870-4715 or ask Nursing Supervisor

Sincerely,

Editha Lopez Quirino RN, BSN, FMG



*CLINICAL  
NOTES  
AND  
PRESCRIBED  
Medications*



**QUIRINO, EDITHA L**

58 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM--PM MEDICAL PC

03/02/2018

Progress Notes: Denny Martin, MD

### Current Medications

#### Unknown

- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohyd Macro
- Omeprazole-Sodium Bicarbonate
- Pantoprazole Sodium
- PrednisONE
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

### Past Medical History

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

### Allergies

N.K.D.A.

### Review of Systems

#### General:

Eyes **Patient endorses: visual changes.** ENT **Patient denies: Rhinitis, Sore throat.** CV **Patient denies: Chest Pain.** Resp **Patient endorses: Cough, SOB.** Gastro **Patient denies: Abdominal pain, Diarrhea, Vomiting, Nausea.** GenitoUr **Patient denies: Urgency,**

### Reason for Appointment

1. Severe tendinitis rt hand
2. Lower back oain
3. Anxiety
4. Physical and verbal abuse

### History of Present Illness

#### HOUSE CALL:

pt states that her tendinitis is back again, and also she is suffering of lower back pain due to her superior ask her to find profiles of 2 Nurses aids, the repetitive hand movements and lifting heavy boxes, were too much for her hand and back, editha shared to me, about this temporary boss/ acting DON/ unbelievable remark when she was in that process of digging, the Acting DON said that, " Editha is too slow, and ashe does not wish to be like jer once she gets to that age", Editha did not find the the uncalled for remark, amusing, she saud she felt insulted, even though it was taxing to both her backs and back, she then moves quicker to finish the task and to prove that her age was not the problem, steroid injection was given which afforded some relief, advised to apply Lidocaone 5% cream around the affected area and the lidocaine patch for her back, advised to have a PT checkup, editha refused because she does not have health insurance yet, advised to avoid further repetitive movements and lifting heavy objects more 20 lbs, an oral pain meds for HA goven, BUT/APAP/caf tab PRN also prescribed, the insomnia is not resplved, as per pt's c;aim due to continuous harassments, bullying even sarcasm about her " moving in a slow manner", she did face all these disturbing situations almost every day, advised to report the hostile condition to HR or her ASdmonistrator, medications wise: advised to take Asthma inh PRN for SOB or call 911 for episode of severe asthmagtick attack, Advise to contonue zolpidem only PRN for Insomnia and to start possible Zoloft OD as per Psychiatry consult, to call me anytime or call 911 in case of emergency, to f/U visit in 1 week.

### Vital Signs

Temp 98.0 F, HR 85 /min, BP 138/89 mm Hg, RR 22 /min, Oxygen sat % 97 %.

### Examination

#### General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 03/02/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Frequency, Dysuria. Musculo Skeletal Patient endorses:, Joint Pain, Back Pain, slight limitation of the movement of the right hand, limited movements of the rt hand , on and off positional and shooting pains, pain is 7-8/10 on the pain scale, lower back pain - 5/10 on the pain scale upon backward bending, ald left rib fx- pain was develpled again 6/10 on the pain scale. Skin Patient denies:, Itching, Rash. Breast Patient denies:, No masses found. Neurologic Patient endorses: Numbness. Psych Patient endorses:, Depression, Anxiety, Insomnia, fatigability. Endocrine Patient denies:, Thirsty, Hypoglycemia. Hem/Lymph Patient endorses:, Bleeding, Anemia. Allergy/Immune Patient endorses:, Deficiency.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, sensory exam intact, insomnia, fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with exam, , anxious appearing, poor eye contact, mood depressed, affect flat.

### Assessments

1. Pain in right hand - M79.641 (Primary)
2. Anxiety disorder, unspecified - F41.9
3. Insomnia, unspecified - G47.00

### Treatment

#### 1. Others

Notes:

steroid injection for rt hand tendinitis / #25 gauge 5 needles, box of alcohol wipes , gloves , band aids/. lidocaine 5% ointment for pain around old left rib fx , BUT/APAP/Caf tan PRN for HA/pain, advair 50/100 2 puffs PRN, zolof 25 mg OD, cont Metformine dose , cont diovan dose

### Visit Codes

99215 Office Visit, Est Pt., Level 5.

### Follow Up

4 Weeks, 6 Weeks

Electronically signed by DENNY MARTIN , MD on 05/23/2019 at 01:31 PM EDT

Sign off status: Pending

**AM-PM MEDICAL PC  
930 GRAND CONCOURSE  
APT 1K  
BRONX, NY 10451-2706  
Tel: 212-678-2676  
Fax: 347-590-7330**

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**Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 03/02/2018**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



**QUIRINO, EDITHA L**

58 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM-PM MEDICAL PC

02/28/2018

Progress Notes: Denny Martin, MD

**Current Medications****Taking**

- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohydrate Macro
- Omeprazole-Sodium Bicarbonate
- Pantoprazole Sodium
- Prednisone
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

**Allergies**

N.K.D.A.

**Review of Systems**General:

Eyes **Patient endorses: visual changes.** ENT **Patient denies: Rhinitis, Sore throat.** CV **Patient denies: Chest Pain.** Resp **Patient denies: Hemoptysis, Cough, SOB.** Gastro **Patient denies: Abdominal pain, Diarrhea, Vomiting, Nausea.** GenitoUr **Patient denies: Urgency,**

**Reason for Appointment**

1. Severe insomnia
2. Easy fatigability
3. Anxiety and depression

**History of Present Illness**HOUSE CALL:

The patient has been seen for routine health maintains, disease management and medically necessary home visit in lieu of office visits due to multiple co-morbidity and inability to get out to appointments, which require a considerable and taxing effort to leave the home. This is a case of 59 y/o female, divorced, Asian female, Registered Nurse with medical history of Asthma, GERD, Cholecystectomy, PAN, MVA and Left Ribs fracture, chronic tendinitis of the rt hand, Lower back pain, controlled HTN, DM type 2. Patient c/o severe insomnia, her sleeping pattern was badly disrupted. Then the patient starts verbalizing about the nature of her work, and the culture of the facility that affects her health status in general, Editha claimed that specific people have direct bearing on her working situation and affects her mentally and emotionally, and there is one female nurse/ temporary boss/ who was harassing her and bullying her because she prefers to work with a younger guy for Nurse educator, I asked her why is that? She said it is by the way the Acting DON described male educational background in exaggerated way, my patient said that Maia / the acting DON/ sounds like she is putting him into a pedestal, then at the same time she showed her dislike towards my patient in numerous instances in the form of harassment and bullying manner, some of them she said, was even a subtle way such as "OK, I will send Christian to work with you, since you don't know much about computer.... I understand computer came .... after your time", after hearing her story, I advised her my patient to try to keep her distance and go home early, and for healthwise, she needs to cut down on caffeine if she is a coffee drinker, especially before bed time, I prescribed her mild sleeping pill to get some restful nights and multivitamins, and plan to see her after 2-4 weeks or PRN, I did instruct her to call me for any questions or call 911 for emergency.

**Vital Signs**

Temp 97.3 F, HR 75 /min, BP 130/84 mm Hg, Wt 125 lbs, BMI 22.86 Index, Ht 62 in, RR 20 /min, Oxygen sat % 97 %, Pain scale 5 1-10, Ht-cm 157.48 cm, Wt-kg 56.7 kg.

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 02/28/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Frequency, Dysuria. Musculo  
Skeletal Patient endorses:, Joint Pain,  
Back Pain, slight limitation of the  
movement of the right hand.  
Skin Patient denies:, Itching, Rash.  
Breast Patient denies:, No masses  
found. Neurologic Patient endorses:  
Numbness. Psych Patient endorses:  
Depression, Anxiety, Insomnia,  
fatigability. Endocrine Patient denies:  
Thirsty, Hypoglycemia.  
Hem/Lymph Patient endorses:  
Bleeding, Anemia.  
Allergy/Immune Patient endorses:  
Deficiency.

## Examination

### General Examination:

GENERAL APPEARANCE: in no acute distress, well developed,  
well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical  
lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender,  
nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, sensory exam intact, insomnia,  
fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with  
exam, , anxious appearing, poor eye contact, mood depressed, affect  
flat.

## Assessments

1. hypertension - I10 (Primary)
2. Anxiety disorder due to known physiological condition - F06.4
3. Insomnia due to medical condition - G47.01

## Treatment

### 1. hypertension

Notes: rx for zolpidem 10 qhs PRN, Rx for multivitamins.

## Visit Codes

99215 Office Visit, Est Pt., Level 5.

## Follow Up

2 Weeks, 4 Weeks

Electronically signed by DENNY MARTIN , MD on  
05/23/2019 at 01:31 PM EDT

Sign off status: Pending

AM-PM MEDICAL PC  
930 GRAND CONCOURSE  
APT 1K  
BRONX, NY 10451-2706  
Tel: 212-678-2676

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 02/28/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Fax: 347-590-7330

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**Patient: QUIRINO, EDITHAL DOB: 08/22/1959 Progress Note: Denny Martin, MD 02/28/2018**

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



## QUIRINO, EDITHA L

58 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM--PM MEDICAL PC

03/29/2018

Progress Notes: Denny Martin, MD

### Current Medications

#### Unknown

- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohyd Macro
- Omeprazole-Sodium Bicarbonate
- Pantoprazole Sodium
- PredniSONE
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

### Past Medical History

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

### Allergies

N.K.D.A.

### Review of Systems

#### General:

Eyes **Patient endorses; visual changes.** ENT **Patient denies; Rhinitis, Sore throat.** CV **Patient denies; Chest Pain.** Resp **Patient endorses; Cough, SOB.** Gastro **Patient denies; Abdominal pain, Diarrhea, Vomiting, Nausea.** GenitoUr **Patient denies; Urgency,**

### Reason for Appointment

1. Mental blocks
2. Insomnia
3. Anxiety
4. SOB on/off
5. Sense of hopelessness

### History of Present Illness

#### HOUSE CALL:

pt was for ongoing home visit for routine health maintenance, disease management, and medical necessity, home visits in lieu of office visit due to multiple comorbidities that requires a considerable and taxing effort to leave home, routine clinical monitoring and disease management, review medications and plan of care, during this visit, patient claimed that she is still having sleepless nights and apparently, she is now suffering from frequent bouts of mental blocks, SOB / shortness of breath / which is on and off especially when she is anxious, she mentioned that will seek a professional advise from the facility's Psychiatry group, denies suicidal ideation, she is thinking about quitting her job because of hostile environment that she is dealing with almost every day, but she is worried if she could get a job right away, she just moved from Chicago and moving was not a joke, financially wise, her bills were her biggest concern, before visits ends, advised that she should pursue to see this Psych professional, to take Advair PRN for SOB, to call 911 for emergency, she may call me any time.

### Vital Signs

Temp 97.7 F, HR 85 /min, BP 147/87 mm Hg, RR 23 /min, Oxygen sat % 96 %.

### Examination

#### General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 03/29/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Frequency, Dysuria. Musculo  
Skeletal Patient endorses:, Joint Pain,  
Back Pain, slight limitation of the  
movement of the right hand, limited  
movements of the rt hand , on and  
off positional and shooting pains,  
pain is 7-8/10 on the pain scale,  
lower back pain - 5/10 on the pain  
scale upon backward bending, ald  
left rib fx- pain was developed again  
6/10 on the pain scale. Skin Patient  
denies:, Itching, Rash. Breast Patient  
denies:, No masses found.  
Neurologic Patient endorses:  
Numbness. Psych Patient endorses:,  
Depression, Anxiety, Insomnia,  
fatigability. Endocrine Patient denies:,  
Thirsty, Hypoglycemia.  
Hem/Lymph Patient endorses:,  
Bleeding, Anemia.  
Allergy/Immune Patient endorses:,  
Deficiency.

SKIN: no suspicious lesions, warm and dry.  
HEART: no murmurs, regular rate and rhythm, S1, S2 normal.  
LUNGS: clear to auscultation bilaterally.  
ABDOMEN: normal, bowel sounds present, soft, nontender,  
nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.  
NEUROLOGIC: nonfocal, sensory exam intact, insomnia,  
fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with  
exam, , anxious appearing, poor eye contact, mood depressed, affect  
flat.

### **Treatment**

#### **1. Others**

Notes: pt advised to continue fiorocet 1 tab PRN for HA, to continue  
Diovan for BP, to continue Metformine for BG, Zoloft 25 mg PO OD  
for anxiety, to continue zolpidem for insomnia, Advair for asthma, to  
continue oral pain meds PRN for Tendinitis rt hand, to continue pain  
patch/ cream for affected area.

### **Visit Codes**

99215 Office Visit, Est Pt., Level 5.

### **Follow Up**

2 Weeks, 4 Weeks

Electronically signed by DENNY MARTIN , MD on  
05/23/2019 at 01:31 PM EDT

Sign off status: Pending

AM--PM MEDICAL PC  
930 GRAND CONCOURSE  
APT 1K  
BRONX, NY 10451-2706  
Tel: 212-678-2676  
Fax: 347-590-7330

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 03/29/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**QUIRINO, EDITHA L**

58 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM--PM MEDICAL PC

04/17/2018

Progress Notes: Denny Martin, MD

**Current Medications****Taking**

- Zoloft 50 MG Tablet 1 tablet Orally Once a day

**Unknown**

- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohyd Macro
- Omeprazole-Sodium Bicarbonate
- Pantoprazole Sodium
- PredniSONE
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

**Allergies**

N.K.D.A.

**Review of Systems**General:

Eyes **Patient endorses: visual changes.** ENT **Patient denies: Rhinitis, Sore throat.** CV Patient denies: Chest Pain. Resp Patient endorses: Cough, SOB. Gastro Patient denies: Abdominal

**Reason for Appointment**

1. Anxiety
2. Depression
3. SOB on/off

**History of Present Illness**HOUSE CALL:

female pt seen at home, HHA not presented, home visit is medically necessity in lieu of office visit due to multiple comorbidities that requires a considerable and taxing effort to leave home for the management of chronic and unstable conditions, this is F/U visit after Zoloft adjusted to higher dose as per Psychiatry consult, current Affect: feeling a little bit better, she tries to get busy and did follow my advise to leave early, she is now verbalizing that new DON/ Jennifer/, sided maia and the Director of IT/ nancy who is also an RN/, , three of them joined to gang-up on her, she said they are known as the , "untouchables", i did listen quietly to the patient while narrating her encounter with these employees, advised to continue taking her medications regularly and reinforced to go home early to get rest and have a good sleep, to call her for any questions or call 911 for emergency, f/u in 2-4 weeks.

**Vital Signs**

HR 80 /min, BP 137/75 mm Hg, RR 20 /min, Oxygen sat % 97 %.

**Examination**General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 04/17/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

pan, Diarrhea, Vomiting, Nausea.  
 GenitoUr Patient denies:, Urgency,  
 Frequency, Dysuria. Musculo  
 Skeletal Patient endorses:, Joint Pain,  
 Back Pain, slight limitation of the  
 movement of the right hand, limited  
 movements of the rt hand , on and  
 off positional and shooting pains,  
 pain is 7-8/10 on the pain scale,  
 lower back pain - 5/10 on the pain  
 scale upon backward bending, ald  
 left rib fx- pain was develpled again  
 6/10 on the pain scale. Skin Patient  
 denies:, Itching, Rash. Breast Patient  
 denies:, No masses found.  
 Neurologic Patient endorses:  
 Numbness. Psych Patient endorses:,  
 Depression, Anxiety, Insomnia,  
 fatigability. Endocrine Patient denies:,  
 Thirsty, Hypoglycemia.  
 Hem/Lymph Patient endorses:,  
 Bleeding, Anemia.  
 Allergy/Immune Patient endorses:,  
 Deficiency.

NEUROLOGIC: nonfocal, sensory exam intact, insomnia,  
 fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with  
 exam, , anxious appearing, poor eye contact, mood depressed, affect  
 flat.

#### Assessments

1. Anxiety disorder, unspecified - F41.9 (Primary)
2. Major depressive disorder, single episode, unspecified - F32.9
3. Other asthma - J45.998

#### Visit Codes

99215 Office Visit, Est Pt., Level 5.

#### Follow Up

2 Weeks, 4 Weeks

Electronically signed by DENNY MARTIN , MD on  
 05/23/2019 at 01:31 PM EDT

Sign off status: Pending

AM--PM MEDICAL PC  
 930 GRAND CONCOURSE  
 APT 1K  
 BRONX, NY 10451-2706  
 Tel: 212-678-2676  
 Fax: 347-590-7330

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 04/17/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**QUIRINO, EDITHA L**

58 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM--PM MEDICAL PC

05/01/2018

Progress Notes: Denny Martin, MD

**Current Medications****Unknown**

- Zoloft 50 MG Tablet 1 tablet Orally Once a day
- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohyd Macro
- Omeprazole-Sodium Bicarbonate
- Pantoprazole Sodium
- PrednisONE
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

**Allergies**

N.K.D.A.

**Review of Systems****General:**

Eyes **Patient endorses: visual changes.** ENT **Patient denies: Rhinitis, Sore throat, appears tired / lack of sleep/, blurry vision.** CV on and off chest tightness. Resp Patient endorses: Cough, SOB. Gastro hyperactive

**Reason for Appointment**

1. Stomach pain
2. Nausea
3. Diarrhea
4. Anxiety

**History of Present Illness****HOUSE CALL:**

the pt has been seen for routine health maintenance, disease management and medically necessary home visit in lieu of office visits due to multiple co-morbidities and inability to get out to appointments, which require a considerable and taxing effort to leave the home, pt complained of unbearable stomach pain which started few hrs ago, apparently, it is accompanied by nausea but denies vomiting, she also claimed that she had 3 loose stools approx 1/3 cup per bouts, denies blood in the stool, the patient remains anxious about the hostile environment at work, the diagnosis is gastroenteritis, and the differential diagnosis is acute peptic ulcer, irritable bowel disease, pt claimed she is stressed at work due to the nature of her work and her bosses, stressful both physical and mental, she was advised to drink Gatorade and have Rice gruel for now, she was advised to call if there is an increasing severity of stomach pain or diarrhea with 3-4 bouts and with blood, she was advised to call 911 for emergency, hepatic and biliary US ordered but verbalized that she does not have health insurance yet, according to HR it was delayed, advised strict washing after using BR and to eat small bites in-between meals, the office/ pharmacy will deliver the medications ASAP today.

**Vital Signs**

Temp 99 F, HR 88 /min, BP 150/85 mm Hg, RR 24 /min, Oxygen sat % 95 %.

**Examination****General Examination:**

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 05/01/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



bowel sound, diarrhea, stomach pain(6/10). GenitoUr Patient denies: Urgency, Frequency, Dysuria. Musculo Skeletal Patient endorses: Joint Pain, Back Pain, slight limitation of the movement of the right hand, limited movements of the rt hand, on and off positional and shooting pains, pain is 7-8/10 on the pain scale, lower back pain - 5/10 on the pain scale upon backward bending, ald left rib fx-pain was developed again 6/10 on the pain scale. Skin Patient denies: Itching, Rash. Breast Patient denies: No masses found. Neurologic Patient endorses: Numbness. Psych Patient endorses: Depression, Anxiety, Insomnia, fatigability. Endocrine Patient denies: Thirsty, Hypoglycemia. Hem/Lymph Patient endorses: Bleeding, Anemia. Allergy/Immune Patient endorses: Deficiency.

lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, sensory exam intact, insomnia, fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with exam, , anxious appearing, poor eye contact, mood depressed, affect flat.

#### Assessments

1. Gastritis, unspecified, without bleeding - K29.70 (Primary)
2. Anxiety disorder, unspecified - F41.9

#### Treatment

##### 1. Gastritis, unspecified, without bleeding

Notes:

medications- creon cap - 1 tab tid, omepra/bicarb- 1 tab daily, dicyclomine 10 mg qid, SM- anti diar 2 mg tid PRN

gatorade - electrolytes replacement, continue BP and blood sugar meds, to continue BP pills,

#### Visit Codes

99215 Office Visit, Est Pt., Level 5.

#### Follow Up

2 Weeks, 4 Weeks

Electronically signed by DENNY MARTIN, MD on 05/23/2019 at 01:30 PM EDT

Sign off status: Pending

AM--PM MEDICAL PC  
930 GRAND CONCOURSE  
APT 1K  
BRONX, NY 10451-2706  
Tel: 212-678-2676  
Fax: 347-590-7330

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 05/01/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)


**QUIRINO, EDITHA L**

58 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM--PM MEDICAL PC

06/20/2018

Progress Notes: Denny Martin, MD

**Current Medications****Unknown**

- Zolof 50 MG Tablet 1 tablet Orally Once a day
- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohyd Macro
- Omeprazole-Sodium Bicarbonate
- Pantoprazole Sodium
- PredniSONE
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

**Allergies**

N.K.D.A.

**Review of Systems****General:**

Eyes **Patient endorses: visual changes.** ENT **Patient denies: Rhinitis, Sore throat, appears tired / lack of sleep/, blurry vision.** CV on and off chest tightness. Resp Patient endorses: Cough, SOB, b/l wheezing.

**Reason for Appointment**

1. Headaches
2. Blurred vision
3. Loss of confidence
4. Mental anguish

**History of Present Illness****HOUSE CALL:**

i dropped by today for hpome visit, editha appeared with emenrgy but verbalized her negative feelings to those people from her own country, she said that it is a shame that some of them are very competitive even in a harmful way, she said, " some nurses eat their yound's ", Editha verbalized the insult and trying to prove that age is just a number, " put downs and falseaccusations ", things are looking good is comes to job haulting, gave patient more anti-acid medication, advised to see EENT for her complaints of blurred vision, renained to call me anytime or call 911 in case of emergency, will visit in 2-4 weeks or PRN.

**Vital Signs**

Temp 97.3 F, HR 73 /min, BP 140/80 mm Hg, RR 23 /min, Oxygen sat % 95 %.

**Examination****General Examination:**

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: wheezing in all lung fields.

ABDOMEN: on and off abdominal tenderness, suprapubic tenderness, S/S of urinary pain and frequent urge to void.

EXTREMITIES: continue S/S of discomfort or the right hand ( 2-3/10) and back pain(4/10).

NEUROLOGIC: nonfocal, sensory exam intact, insomnia,

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 06/20/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Gastro hyperactive bowel sound , diarrhea, stomach pain(6/10).  
 GenitoUr Patient endorses:, Urgency, Frequency, Dysuria. Musculo  
 Skeletal Patient endorses:, Joint Pain, Back Pain, slight limitation of the movement of the right hand, limited movements of the rt hand , on and off positional and shooting pains, pain is 7-8/10 on the pain scale, lower back pain - 5/10 on the pain scale upon backward bending, ald left rib fx- pain was developed again 6/10 on the pain scale. Skin Patient denies:, Itching, Rash. Breast Patient denies:, No masses found. Neurologic Patient endorses: Numbness. Psych Patient endorses:, Depression, Anxiety, Insomnia, fatigability. Endocrine Patient denies:, Thirsty, Hypoglycemia. Hem/Lymph Patient endorses:, Bleeding, Anemia. Allergy/Immune Patient endorses:, Deficiency.

fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with exam, , anxious appearing, poor eye contact, mood depressed, affect flat.

#### Assessments

1. Headache - R51 (Primary)
2. Anxiety disorder, unspecified - F41.9
3. Major depressive disorder, single episode, unspecified - F32.9

#### Treatment

##### 1. Others

Notes: 1. to continue current meds except anti-nausea and anti-diarrhea meds, 2. to continue BP meds as ordered, 3. to continue Blood sugar meds OD, 4. to continue using Neb Tx x 1 and to continue BID PRN, 6. to continue Atrovent inhaler as ordered, 7. To continue Bi- flex OD, 8. Fiorocet 50/350/40 mg po BID PRN for HA to D/C ASAP, 10. to continue Zolpidem PRN.

#### Visit Codes

99215 Office Visit, Est Pt., Level 5.

#### Follow Up

4 Weeks, 6 Weeks

Electronically signed by DENNY MARTIN , MD on 05/23/2019 at 01:30 PM EDT

Sign off status: Pending

AM--PM MEDICAL PC  
 930 GRAND CONCOURSE  
 APT 1K  
 BRONX, NY 10451-2706  
 Tel: 212-678-2676  
 Fax: 347-590-7330

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 06/20/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**QUIRINO, EDITHA L**

58 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM-PM MEDICAL PC

06/10/2018

Progress Notes: Denny Martin, MD

**Current Medications****Unknown**

- Zoloft 50 MG Tablet 1 tablet Orally Once a day
- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohyd Macro
- Omeprazole-Sodium Bicarbonate
- Pantoprazole Sodium
- PrednisONE
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

**Allergies**

N.K.D.A.

**Review of Systems**General:

Eyes **Patient endorses: visual changes.** ENT **Patient denies: Rhinitis, Sore throat, appears tired / lack of sleep/, blurry vision.** CV on and off chest tightness. Resp Patient endorses: Cough, SOB, b/l wheezing.

**Reason for Appointment**

1. Anxiety, blunted effect, loss of energy, lack of motivation
2. UTI, periods of dizziness
3. SOB on and off

**History of Present Illness**HOUSE CALL:

Editha called and verbalizing her overwhelming emotional anxiety after quitting her job, she claimed that she suffers on the and off dizziness and shortness of breath, advised to continue Avair and will prescribe Nebulizer treatment, she verbalizing that she can not bear the harassments and bullying anymore which she could feel it in her bones, and she strongly believes that it was related to Maia's wanting to have christian to take her position, so they are in proximity working together, or her slow pace in doing work that was already rubbed in her face in a very recent past, which has a direct renation to her current age, it was a hostile environment that impending to do her job, and she said, " i am not then old", then follwed by her self-reassuring words" i do not know when will find a job again, but i will be OK.", also verbalizing the frequent urge to pee and sometimes it is just dribbling but with severe burning sensation upon urination, advised to drink at least 6-7 glasses of H2O or cranberry joice, to do C? S, also complein of vaginal itchiness around the vulva area with whitish discharges, advised regular perineal care and to start application of vaginal cream HSX 7 days, all signs and symptoms of Diabetes type 2, all signsd and symptoms are comming out due to unnecessary stress from her current unhealthy working enviroment, advised to continue Zoloft PRN as per Psychiatry consult, to call 911 for emergency, to F/U in a 1-2 weeks.

**Vital Signs**

Temp 99.9 F, HR 91 /min, BP 156/89 mm Hg, RR 24 /min, Oxygen sat % 95 %.

**Examination**General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

Gastro hyperactive bowel sound ,  
diarrhea, stomach pain(6/10).  
GenitoUr Patient endorses:, Urgency,  
Frequency, Dysuria. Musculo  
Skeletal Patient endorses:, Joint Pain,  
Back Pain, slight limitation of the  
movement of the right hand, limited  
movements of the rt hand , on and  
off positional and shooting pains,  
pain is 7-8/10 on the pain scale,  
lower back pain - 5/10 on the pain  
scale upon backward bending, ald  
left rib fx- pain was developed again  
6/10 on the pain scale. Skin Patient  
denies:, Itching, Rash. Breast Patient  
denies:, No masses found.  
Neurologic Patient endorses:  
Numbness. Psych Patient endorses:,  
Depression, Anxiety, Insomnia,  
fatigability. Endocrine Patient denies:,  
Thirsty, Hypoglycemia.  
Hem/Lymph Patient endorses:,  
Bleeding, Anemia.  
Allergy/Immune Patient endorses:,  
Deficiency.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical  
lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: wheezing in all lung fields.

ABDOMEN: on and off abdominal tenderness, suprapubic  
tenderness, S/S of urinary pain and frequent urge to void.

EXTREMITIES: continue S/S of discomfort or the right hand ( 2-  
3/10) and back pain(4/10).

NEUROLOGIC: nonfocal, sensory exam intact, insomnia,  
fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with  
exam, , anxious appearing, poor eye contact, mood depressed, affect  
flat.

### Assessments

1. Anxiety disorder due to known physiological condition - F06.4  
(Primary)
2. Anxiety disorder, unspecified - F41.9
3. Unspecified asthma with (acute) exacerbation - J45.901
4. Urinary tract infection, site not specified - N59.0

### Treatment

#### 1. Others

Notes: continue the following meds- 1. metformin 500 mg x 1 now and  
X 1 before dinner then continue OD starting tomorrow for high blood  
sugar, valt/CHTZ 80/12.5 X 1 now and X 1 HS then to continue QD for  
high BP, 3. SMZ/ TMP DS 1 tab for S/S of UTI, 4. AZO with  
antibacterial- for urinary pain, 5. Osteo- Biflex - for bone supplement,  
6. to continue Zolof, 7. to continue Zolpidem, 8. to continue Anti-  
acid, 9. Advair- 2 puffs bid PRN, 10. Nebulizer equip to use PRN,  
Saline Bottle, 11. To continue pain meds for hand/ HA/ pain or may  
use [patch instead

### Visit Codes

99215 Office Visit, Est Pt., Level 5.

### Follow Up

2 Weeks, 4 Weeks

Electronically signed by DENNY MARTIN , MD on  
05/23/2019 at 01:30 PM EDT

Sign off status: Pending

AM-PM MEDICAL PC  
930 GRAND CONCOURSE  
APT 1K  
BRONX, NY 10451-2706  
Tel: 212-678-2676  
Fax: 347-590-7330

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Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 06/10/2018

*Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



# QUIRINO, EDITHA L

58 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM--PM MEDICAL PC

06/29/2018

Progress Notes: Denny Martin, MD

## Current Medications

### Unknown

- Zoloft 50 MG Tablet 1 tablet Orally Once a day
- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohyd Macro
- Omeprazole-Sodium Bicarbonate
- Pantoprazole Sodium
- PrednisONE
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

## Past Medical History

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

## Allergies

N.K.D.A.

## Review of Systems

### General:

Eyes Patient endorses: visual changes. ENT Patient denies: Rhinitis, Sore throat, appears tired / lack of sleep/, blurry vision. CV on and off chest tightness. Resp Patient endorses: Cough, SOB, b/l wheezing.

## Reason for Appointment

1. Reactive anxiety
2. Sadness
3. Rt hand pain

## History of Present Illness

### Depression Screening:

patient continue looking for job and she is very disappointed with the result of the interviews, AFFECT: restless and irritable with periods of the tearfulness, asked if she wants to be continue in the hospital, refused, she said it is normal response to trauma and lost, once she found a job, she is planning to take a mini vacation before starting a busy job again, i agreed and added that it is a quick way for her to recuperate from previous emotional trauma, advise to continue taking Zoloft per Psych Consult, she was agreed with the care plan, promised to help her with financial hardship but she needs to find a job right away, so she could pay the loan back, she felt so much relieved about the offer, asked if ast this point, she already build an energy to do activity outside, like to see PT, she denies the idea, perhaps once she gets a health insurance already, remained to call me or 911 for emergency.

## Vital Signs

Temp 97.3 F, HR 92 /min, BP 145/85 mm Hg, RR 24 /min, Oxygen sat % 95 %.

## Examination

### General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: wheezing in all lung fields.

ABDOMEN: on and off abdominal tenderness, suprapubic tenderness, S/S of urinary pain and frequent urge to void.

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 06/29/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



Gastro hyperactive bowel sound , diarrhea, stomach pain(6/10).  
 GenitoUr Patient endorses:, Urgency, Frequency, Dysuria. Musculo  
 Skeletal Patient endorses:, Joint Pain, Back Pain, slight limitation of the movement of the right hand, limited movements of the rt hand , on and off positional and shooting pains, pain is 7-8/10 on the pain scale, lower back pain - 5/10 on the pain scale upon backward bending, ald left rib fx- pain was developed again 6/10 on the pain scale. Skin Patient denies:, Itching, Rash. Breast Patient denies:, No masses found.  
 Neurologic Patient endorses: Numbness. Psych Patient endorses:, Depression, Anxiety, Insomnia, fatigability. Endocrine Patient denies:, Thirsty, Hypoglycemia.  
 Hem/Lymph Patient endorses:, Bleeding, Anemia.  
 Allergy/Immune Patient endorses:, Deficiency.

EXTREMITIES: continue S/S of discomfort or the right hand ( 2-3/10) and back pain(4/10).

NEUROLOGIC: nonfocal, sensory exam intact, insomnia, fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with exam, , anxious appearing, poor eye contact, mood depressed, affect flat.

#### Assessments

1. Anxiety disorder, unspecified - F41.9 (Primary)
2. Major depressive disorder, single episode, unspecified - F32.9
3. Pain in right arm - M79.601

#### Visit Codes

99215 Office Visit, Est Pt., Level 5.

#### Follow Up

4 Weeks, 6 Weeks

Electronically signed by DENNY MARTIN , MD on 05/23/2019 at 01:30 PM EDT

Sign off status: Pending

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AM--PM MEDICAL PC  
 930 GRAND CONCOURSE  
 APT 1K  
 BRONX, NY 10451-2706  
 Tel: 212-678-2676  
 Fax: 347-590-7330

---

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 06/29/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



**QUIRINO, EDITHA L**

58 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM-PM MEDICAL PC

07/20/2018

Progress Notes: Denny Martin, MD

**Current Medications****Unknown**

- Zoloft 50 MG Tablet 1 tablet Orally Once a day
- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohyd Macro
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- Pantoprazole Sodium
- PredniSONE
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

**Allergies**

N.K.D.A.

**Review of Systems**General:

Eyes **Patient endorses:; visual changes.** ENT **Patient denies:; Rhinitis, Sore throat, appears tired / lack of sleep/, blurry vision.** CV on and off chest tightness. Resp Patient endorses:; Cough, SOB, b/l wheezing.

**Reason for Appointment**

1. Sense of hopelessness
2. Anxiety and depression

**History of Present Illness**Depression Screening:

patient continue to having hard time adjusting to sudden loss of job and emotional trauma, she appears, disheveled and onservd to be sluggish in her movements, she said she is worried about her apartment rent, she said she is financially hurting, don't even have enough money to buy food for her 3 dogs and for her vaccination as well, patient was directly asked if she is planning to hert herself, her dogs or others, she said, " I have been a good nurse for many years, why would I do such horrible things". " I am just sad, my current condition worries me right now", she said moving from Chicago to NY incurred a considerable amount of cash, it is wass for the request of her 95 years old mother, she won't be moving back abain to NY, tp continue current meds and F/U in 1-2 weeks.

**Vital Signs**

Temp 97.5 F, HR 92 /min, BP 150/86 mm Hg, RR 23 /min, Oxygen sat % 92 %.

**Examination**General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: wheezing in all lung fields.

ABDOMEN: on and off abdominal tenderness, suprapubic tenderness, S/S of urinary pain and frequent urge to void.

EXTREMITIES: continue S/S of discomfort or the right hand ( 2-3/10) and back pain(4/10).

NEUROLOGIC: nonfocal, sensory exam intact, insomnia,

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 07/20/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Gastro hyperactive bowel sound ,  
diarrhea, stomach pain(6/10).  
GenitoUr Patient endorses:, Urgency,  
Frequency, Dysuria. Musculo  
Skeletal Patient endorses:, Joint Pain,  
Back Pain, slight limitation of the  
movement of the right hand, limited  
movements of the rt hand , on and  
off positional and shooting pains,  
pain is 7-8/10 on the pain scale,  
lower back pain - 5/10 on the pain  
scale upon backward bending, ald  
left rib fx- pain was develpled again  
6/10 on the pain scale. Skin Patient  
denies:, Itching, Rash. Breast Patient  
denies:, No masses found.  
Neurologic Patient endorses:  
Numbness. Psych Patient endorses:,  
Depression, Anxiety, Insomnia,  
fatigability. Endocrine Patient denies:,  
Thirsty, Hypoglycemia.  
Hem/Lymph Patient endorses:,  
Bleeding, Anemia.  
Allergy/Immune Patient endorses:,  
Deficiency.

fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with  
exam, , anxious appearing, poor eye contact, mood depressed, affect  
flat.

#### Assessments

1. Anxiety disorder, unspecified - F41.9 (Primary)
2. Major depressive disorder, single episode, unspecified - F32.9
3. Pain in right hand - M79.641

#### Visit Codes

99215 Office Visit, Est Pt., Level 5.

#### Follow Up

4 Weeks, 6 Weeks

Electronically signed by DENNY MARTIN , MD on  
05/23/2019 at 01:30 PM EDT

Sign off status: Pending

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930 GRAND CONCOURSE  
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BRONX, NY 10451-2706  
Tel: 212-678-2676  
Fax: 347-590-7330

---

Patient: QUIRINO, EDITHAL DOB: 08/22/1959 Progress Note: Denny Martin, MD 07/20/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**QUIRINO, EDITHA L**

59 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM--PM MEDICAL PC

08/31/2018

Progress Notes: Denny Martin, MD

**Current Medications****Unknown**

- Zoloft 50 MG Tablet 1 tablet Orally Once a day
- Advair Diskus
- Albuterol Sulfate
- Baclofen
- Butalbital-APAP-Caffeine
- Creon
- Cyclobenzaprine HCl
- Dexamethasone Sod Phos-NaCl
- Dicyclomine HCl
- Estrace
- Lidocaine
- Maalox Max
- Metformin HCl
- Multivitamin Adult
- Nitrofurantoin Monohyd Macro
- Omeprazole-Sodium Bicarbonate
- Pantoprazole Sodium
- PredniSONE
- Sertraline HCl
- Systane
- Trazodone HCl
- Tums
- Valsartan-Hydrochlorothiazide
- Zolpidem Tartrate
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Asthma, GERD, cholecystectomy, PAN, MVA with left Rib fx, chronic tendinitis of the Rt hand, Lower back pain, HTN, DM type 2.

**Allergies**

N.K.D.A.

**Review of Systems**General:

Eyes **Patient endorses: visual changes.** ENT **Patient denies: Rhinitis, Sore throat, appears tired / lack of sleep/, blurry vision.** CV on and off chest tightness. Resp Patient endorses: Cough, SOB, b/l wheezing.

**Reason for Appointment**

1. Anxiety and depression

**History of Present Illness**HOUSE CALL:

pt was seen at home, HHA not presented, it was observed that there is a train pf bottled up stries unraveling every visit, this time is about when she was embarrassed by the administrator in front of their colleagues, there was a question thrown to her by the director os wound care, she suggested am idea basing from her experience to avoid being tag during Survey time, the adminstrator suddenly but her-off and said something like " No, you dont understand what they are talking about", the meeting turns into long and quiet pause, everyone left tongue - tied with administrator's suprising behaviour, it seems that she was poked like a " pin cushion" right and left in that place for short period of time i tlod her that i realyy sympathized that she is nbeen through, but she needs to moved on, start a new job, meet new people, new envirenment so her mind is totally disconnected with her past treauma, she agreed new people, new enviroment so her mind totally disconnect with her past trauma, she agreed quietly by nodding , i asked if she still following up with the professional guy, she was quiet.....to see in a month.

**Vital Signs**

Temp 98.0 F, HR 70 /min, BP 136/80 mm Hg, RR 20 /min, Oxygen sat % 98 %, Pain scale 7 1-10.

**Examination**General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: wheezing in all lung fields.

ABDOMEN: on and off abdominal tenderness, suprapubic

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 08/31/2018

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Gastro hyperactive bowel sound ,  
diarrhea, stomach pain(6/10).  
GenitoUr Patient endorses:, Urgency,  
Frequency, Dysuria. Musculo  
Skeletal Patient endorses:, Joint Pain,  
Back Pain, slight limitation of the  
movement of the right hand, limited  
movements of the rt hand , on and  
off positional and shooting pains,  
pain is 7-8/10 on the pain scale,  
lower back pain - 5/10 on the pain  
scale upon backward bending, ald  
left rib fx- pain was developed again  
6/10 on the pain scale. Skin Patient  
denies:, Itching, Rash. Breast Patient  
denies:, No masses found.  
Neurologic Patient endorses:  
Numbness. Psych Patient endorses:,  
Depression, Anxiety, Insomnia,  
fatigability. Endocrine Patient denies:,  
Thirsty, Hypoglycemia.  
Hem/Lymph Patient endorses:,  
Bleeding, Anemia.  
Allergy/Immune Patient endorses:,  
Deficiency.

tenderness, S/S of urinary pain and frequent urge to void.

EXTREMITIES: continue S/S of discomfort on the right hand ( 2-3/10) and back pain(4/10).

NEUROLOGIC: nonfocal, sensory exam intact, insomnia, fatigability.

PSYCH: alert, oriented, cognitive function intact, cooperative with exam, , anxious appearing, poor eye contact, mood depressed, affect flat, more focused and receptive, slight anxious.

#### Assessments

1. Anxiety disorder, unspecified - F41.9 (Primary)
2. Major depressive disorder, single episode, unspecified - F32.9
3. hypertension - I10

#### Visit Codes

99215 Office Visit, Est Pt., Level 5.

#### Follow Up

4 Weeks, 6 Weeks

Electronically signed by DENNY MARTIN , MD on  
05/23/2019 at 01:30 PM EDT

Sign off status: Pending

AM--PM MEDICAL PC  
930 GRAND CONCOURSE  
APT 1K  
BRONX, NY 10451-2706  
Tel: 212-678-2676  
Fax: 347-590-7330

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 08/31/2018

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**QUIRINO, EDITHA L**

59 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM-PM MEDICAL PC

10/19/2018

Progress Notes: Denny Martin, MD

**Current Medications****Taking**

- Dexamethasone 1 tab Oral
- Pantoprazole Sodium 40 MG Tablet Delayed Release 1 tablet Orally Once a day
- Cyclobenzaprine HCl 10 MG Tablet 1 tablet as needed Orally Three times a day
- Estrace 0.1 MG/GM Cream Vaginal
- Maalox Max 1000-60 MG Tablet Chewable 1 tablet as needed Orally every 3 hrs
- Albuterol Sulfate (2.5 MG/3ML) 0.083% Nebulization Solution 3 ml as needed Inhalation Three times a day
- Nitrofurantoin Macrocrystal 100 MG Capsule 1 capsule with food or milk Orally Once a day
- Tums 500 MG Tablet Chewable 1 tablet Orally Once a day
- Systane 0.4-0.3 % Solution Ophthalmic
- SM Acid Reducer 200 MG Tablet 1 tablet as needed Orally Twice a day
- Dicyclomine HCl 10 MG Capsule 2 capsules Orally Four times a day
- Omeprazole-Sodium Bicarbonate 20-1100 MG Capsule 1 capsule on an empty stomach Orally Once a day
- Creon 12000 UNIT Capsule Delayed Release Particles Orally
- Butalbital-APAP-Caffeine 50-325-40 MG Capsule 1 capsule as needed Orally every 4 hrs
- Lidocaine 5 % Cream Externally
- Advair Diskus 100-50 MCG/DOSE Aerosol Powder Breath Activated 1 puff Inhalation Twice a day
- Metformin HCl 500 MG Tablet 1 tablet with a meal Orally Once a day
- Valsartan-Hydrochlorothiazide 80-12.5 MG Tablet 1 tablet Orally Once a day
- Sertraline HCl 50 MG Tablet 1 tablet Orally Once a day
- Zolpidem Tartrate 5 MG Tablet 1 tablet at bedtime Orally Once a day
- Trazodone HCl 50 MG Tablet 1 tablet at bedtime as needed Orally Once a day
- PrednisONE 5 MG Tablet Delayed Release 1 tablet Orally Once a day
- Baclofen 10 MG Tablet 1 tablet with food or milk Orally Three times a day
- Medication List reviewed and reconciled

**Reason for Appointment**

1. F/u visit for chronic tendinitis
2. Rt hand pain and tenderness

**History of Present Illness****HOUSE CALL:**

59 F seen at home for f/u visit for steroid injection, she states her rt hand pain is recurring more often, due to lifting and repetitive movements at the previous job, she states her hand is totally dysfunctional, only steroid injection and Motrin can alleviate the pain, but any NSAID aggravates her acid problem, the medical provider advised the patient to steroid injection instead, patient's behavior is stable, but perceived more unpleasant things needed to come out to the open, she recalled about being falsely and maliciously accused of harassing one of the IT employee, she said that they are so narrowminded the way they assess or even presumes things around them, their attention is to hurt, humiliate or even destroy one's reputation and sags one's self esteem, they are out there to create false scenarios to put a person in "survival of the fittest mode", she states it is better off in a jungle, at least you know your enemy, overall patient is in stable clinical condition.

**Vital Signs**

Temp 97.5 F, HR 77 /min, BP 126/76 mm Hg, RR 19 /min, Oxygen sat % 98 %.

**Examination****General Examination:**

**GENERAL APPEARANCE:** in no acute distress, well developed, well nourished.

**HEAD:** normocephalic, atraumatic.

**EYES:** pupils equal, round, reactive to light and accommodation.

**EARS:** normal.

**ORAL CAVITY:** mucosa moist.

**THROAT:** clear.

**NECK/THYROID:** neck supple, full range of motion, no cervical lymphadenopathy.

**SKIN:** no suspicious lesions, warm and dry.

**HEART:** no murmurs, regular rate and rhythm, S1, S2 normal.

**LUNGS:** clear to auscultation bilaterally.

**ABDOMEN:** normal, bowel sounds present, soft, nontender, nondistended.

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 10/19/2018

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with the patient

### Past Medical History

PTSD, anxiety, insomnia, IBS, UTI, Pneumonia, DM type 2, HTN, asthma, Moniliasis, tendinitis, LBP, s/p rib fx.

### Allergies

N.K.D.A.

### Review of Systems

#### General:

Eyes **Patient denies:**, visual changes. ENT **Patient denies:**, Rhinitis, Sore throat. CV Patient denies:, Chest Pain. Resp Patient denies:, Hemoptysis, Cough, SOB. Gastro Patient endorses:, Abdominal pain, Patient denies:, Diarrhea, Vomiting, Nausea. GenitoUr Patient denies:, Urgency, Frequency, Dysuria. Musculo Skeletal Patient endorses:, Joint Pain, Back Pain. Skin Patient denies:, Itching, Rash. Breast Patient denies:, No masses found. Neurologic Patient denies:, Dizziness, Numbness. Psych Patient denies:, Depression, Anxiety. Endocrine Patient denies:, Thirsty, Hypoglycemia. Hem/Lymph Patient endorses:, Bleeding, Anemia. Allergy/Immune Patient endorses:, Deficiency.

MUSCULOSKELETAL: right thumb tenderness, limited ROM, mild swelling.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, sensory exam intact.

### Assessments

1. Anxiety disorder, unspecified - F41.9 (Primary)
2. hypertension - I10
3. Insomnia, unspecified - G47.00

### Visit Codes

99213 Office Visit, Est Pt., Level 3.

### Follow Up

4 Weeks, 6 Weeks

Electronically signed by DENNY MARTIN , MD on 05/23/2019 at 01:29 PM EDT

Sign off status: Pending

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930 GRAND CONCOURSE  
APT 1K  
BRONX, NY 10451-2706  
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Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 10/19/2018

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**QUIRINO, EDITHA L**

59 Y old Female, DOB: 08/22/1959

Account Number: 24587

308 W. 105th ST. APT#.C, NEW YORK, NY-10025

Home: 347-993-0619

Appointment Facility: AM--PM MEDICAL PC

11/25/2018

Progress Notes: Denny Martin, MD

**Current Medications****Taking**

- Pantoprazole Sodium 40 MG Tablet Delayed Release 1 tablet Orally Once a day
- Cyclobenzaprine HCl 10 MG Tablet 1 tablet as needed Orally Three times a day
- Dexamethasone Sod Phos-NaCl 10-0.9 MG/50ML Solution Intravenous
- Estrace 0.1 MG/GM Cream Vaginal
- Maalox Max 400-400-40 MG/5ML Suspension 10 ml as needed Orally Four times a day
- Albuterol Sulfate (2.5 MG/3ML) 0.083% Nebulization Solution 3 ml as needed Inhalation Three times a day
- Nitrofurantoin Monohyd Macro 100 MG Capsule 1 capsule with food Orally every 12 hrs
- Tums 500 MG Tablet Chewable 1 tablet Orally Once a day
- Systane 0.4-0.3 % Solution Ophthalmic
- Dicyclomine HCl 10 MG Capsule 2 capsules Orally Four times a day
- Omeprazole-Sodium Bicarbonate 20-1100 MG Capsule 1 capsule on an empty stomach Orally Once a day
- Creon 12000 UNIT Capsule Delayed Release Particles Orally
- Lidocaine 5 % Ointment 1 application to affected area as needed Externally Three times a day
- Butalbital-APAP-Caffeine 50-325-40 MG Capsule 1 capsule as needed Orally every 4 hrs
- Advair Diskus 100-50 MCG/DOSE Aerosol Powder Breath Activated 1 puff Inhalation Twice a day
- Metformin HCl 500 MG Tablet 1 tablet with a meal Orally Once a day
- Valsartan-Hydrochlorothiazide 80-12.5 MG Tablet 1 tablet Orally Once a day
- Sertraline HCl 50 MG Tablet 1 tablet Orally Once a day
- Zolpidem Tartrate 5 MG Tablet 1 tablet at bedtime Orally Once a day
- Trazodone HCl 50 MG Tablet 1 tablet at bedtime as needed Orally Once a day
- PrednisONE 5 MG Tablet 1 tablet Orally Once a day
- Baclofen 10 MG Tablet 1 tablet with food or milk Orally Three times a day

**Reason for Appointment**

1. right hand pain and limited ROM
2. Anxiety and insomnia

**History of Present Illness****HOUSE CALL:**

59 female seen at home , no HHA presented during the visit, the patient was seen for routine health maintenance, disease management and medically necessity home visit in lieu of office visits due to multiple co- morbidities and inability to get out to appointments, which require a considerable and taxing effort to leave the home, pt is c/o right hand swelling and pains and limited ROM, also c/o anxiety and insomnia, her pharmacy is B/T pharmacy: 7183734800.

**Vital Signs**

Temp 97.3 F, HR 82 /min, BP 130/90 mm Hg, RR 19 /min.

**Examination****General Examination:**

**GENERAL APPEARANCE:** in mild acute distress, well developed, well nourished .

**HEAD:** normocephalic, atraumatic .

**EYES:** pupils equal, round, reactive to light and accommodation .

**EARS:** normal .

**ORAL CAVITY:** mucosa moist .

**THROAT:** clear .

**NECK/THYROID:** neck supple, full range of motion, no cervical lymphadenopathy .

**SKIN:** no suspicious lesions, warm and dry .

**HEART:** no murmurs, regular rate and rhythm, S1, S2 normal .

**LUNGS:** clear to auscultation bilaterally .

**ABDOMEN:** normal, bowel sounds present, soft, nontender, nondistended .

**EXTREMITIES:** no clubbing, cyanosis, or edema , (+) mild tenderness and swelling of the base of the Rt thumb.

**NEUROLOGIC:** nonfocal, sensory exam intact .

**Assessments**

1. hypertension - I10 (Primary)
2. Type 2 diabetes mellitus with unspecified complications - E11.8
3. Type 2 diabetes mellitus with hyperglycemia - E11.65
4. Anxiety disorder due to known physiological condition - F06.4

Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 11/25/2018

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- Multivitamin Adult - Tablet Orally

### Past Medical History

Pneumonia.  
UTI.  
Asthma.  
Hypertension.  
Insomnia.  
Diabetes ellitus type 2.  
Anxiety.  
PTSD.  
IBS.  
Tendinosis.

### Allergies

N.K.D.A.

### Review of Systems

#### General:

Eyes **Patient denies;** visual changes. ENT **Patient denies;** Rhinitis, Sore throat. CV Patient denies; Chest Pain. Resp Patient denies; Hemoptysis, Cough, SOB. Gastro Patient denies; Abdominal pan, Diarrhea, Vomiting, Nausea. GenitoUr Patient denies; Urgency, Frequency, Dysuria. Musculo Skeletal Patient denies; Joint Pain, Back Pain. Skin Patient denies; Itching, Rash. Breast Patient denies; No masses found. Neurologic Patient denies; Dizziness, Numbness. Psych Patient endorses; Anxiety, Anxiety. Endocrine Patient denies; Thirsty, Hypoglycemia. Hem/Lymph Patient denies; Bleeding, Anemia. Allergy/Immune Deficiency, Patient denies:.

### Treatment

#### 1. hypertension

Notes: pt had steroid therapeutic injection in the base of the rt thumb w/o complications using sterile technique.

### Visit Codes

99213 Office Visit, Est Pt., Level 3.

### Follow Up

4 Weeks, 6 Weeks

Electronically signed by DENNY MARTIN , MD on 05/23/2019 at 01:29 PM EDT

Sign off status: Pending

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Patient: QUIRINO, EDITHA L DOB: 08/22/1959 Progress Note: Denny Martin, MD 11/25/2018

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**BITS & PIECES  
OF  
THE NEW JEWISH  
Home  
DISCRIMINATION  
&  
Harrasment**



### **Main Lab**

*1857 86th Street  
Brooklyn, NY 11214  
718-232-1515*

### **Schenectady Patient Service Center**

*612 Schenectady Avenue  
Brooklyn, NY 11213*

*Ph. : (718) 232-1515 x 708*

*Fax: (347) 529-3198*

**RESULTS** (718) 232-1515 dial 1  
or [patients.lencolink.com](http://patients.lencolink.com)

#### *Office hours:*

**Mon, Wed 7:00 AM - 6:00 PM**

**Tue, Thur 7:00 AM - 7:00 PM**

**Fri 7:00 AM - 5:00 PM**

**Sat 8:00 AM - 4:00 PM**

**No appointment necessary**

Dear Marie,

I wasn't planning to write to you this long, since I feel uncomfortable in doing it, considering that I am just a newly hired person. But I also believe the American way of saying, "nip it in the bud". Whatever I wrote in my resume were all true and I could be an excellent asset in any organization but it also depends upon the working environment that I am in and that is, whether to engage my loyalty or not.

For three long weeks (no exaggeration) every time there is a need for me to approach Maia for a little bit of information, she was snarling at my face. I tried to observe if I am being singled out but even during the morning meeting she was over the top.

The plain truth, I wasn't getting any learning experience from her at all except being firmly directed to be stern over my subordinates and to never hesitate to give them pink slips. I learned more from the old timers, like Bridget, who are willing to extend their hands, share their knowledge and skills professionally far more than her. My encounters with her pertaining to my learning experience was... she either directs me to the computer or refer me to the other employees except with Bridget? What's wrong with Bridget? Why not refer me to her?

I perfectly understand that she is swamped constantly but the manner on how she decompress herself is being inappropriately displaced towards her subordinates and she is over the top. With her tendency to escalate minor things and her frequently "dismiss" attitude, with no filter, and loud tone of voice, I decided to professionally approach her behind closed door.

What I did exactly said was, "Maia with due respect, I do not want to insubordinate you", but I had enough of your bully behavior. Just please stop the snapping attitude. It's not healthy. We are all professional here and I expect to be treated as one! I was only giving you a feedback about the survey, if you are not interested, so be it, but please stop being rude to me. I can't no longer tolerate it. It's not fair and it's not right. Right away she asked an apology. Although I still have doubts if it is a genuine one.

And her quick retort was, actually she wasn't rooting for me, her bet was Christian (which I have not even met that time) and claimed it's because he is young. And she even added that, "I know, you can relate to my preference". But in my mind, NO, I don't because that is an outright discrimination. And she also added that Christian is from exclusive school (San Beda) back in our country.

Although, I must admit Christian has a good command of English language, but my nursing school is not at the bottom rank at all. In fact (bragging aside) it is the Harvard of nursing school in my country.

Anyways, she then went on and on about her outstanding achievements from her previous work that wasn't appreciated that's why she left. But then she never stops there, she then decided to give me a heads up pertaining to all her subordinates, the good hard working floor managers. But as expected, mostly what I heard were negative feedbacks, which surprisingly Bridget has been frequently included during her run down with them.

Twice she insisted I should watch out Bridget. Why, is it because I am learning the loop from Bridgette instead from her? Therefore, where is my loyalty going to be, with someone who is a threat to my working environment or with someone who is pleasant and willing to share her skills and knowledge to me?

March 2018

Marie one of the Nurse Manager came to my office looking for someone's folder and shared to me her frustration about this night shift nurse who was abrupt and rude to her. She was really at her wits end with behavior of this night nurse.

And I said it's between us, " I think you should give that write up to our acting DON"! And she laugh...

I also verbalized my severe anxiety bc of fear of losing my job after I expressed myself behind close door with Maia...

4/16/2018

I have a feeling that I am under the radar as soon as I was done speaking with Jennifer. There was a note from Nancy Stoddard, the IT Director, that made me nod my head side to side. She was claiming something that one of her employee where treated rudely in front of the entire group. I told her that I have nothing to be defensive about or need to explain because I have 10 people as my witness that nothing like that took place during the first day of my class.

However, I went to the IT Department and did talk to one of her female employee by the hall way whose answer to my questions was flat "dead end". Oh no! Not in a big class like that. So I went inside the IT office. Then right away she accused me of trespassing and rude. I said fir what? By coming in to their office when the door was wide opened? And she said, Ben is with the doctor. I said find, I will wait. And she was yapping and yapping, and I said if you have problem go to HR. And she said she does not want to...Then eventually Ben came out, he fixed the wiring not the computer, the group was happy and very appreciative. It wasn't my computer that has a problem, it's their cable that's why Ben gave a brand new cable to keep and use for teaching.

Today Jennifer left earlier than usual because she came early today for our meeting. I was standing by Carol's table when I saw Pat rushing to Jennifer's office. Then came back and saw me, she said "what was that thing happened upstairs that you put the cart in a dirty utility?" I said to her "no it wasn't that way, I was doing my rounds and I saw the clean linen cart shoved inside the toilet room and look at it and saw that it was even touching the toilet". I cleaned it with the sanitizer then put it back to the hallway". But when I asked who did it, no one seems to know" one nurses aid was defensive, I said stop, I was not accusing you, I am just asking if know who puts it there" I asked all the three of them, I said how come no one knows? And perhaps they see it but just ignored it" as I said I will try to ask the security if I could see if from the camera and she said go look at it. "I just did not do it, because once again it might just back fire on me especially I am beginning to see slowly the signs of retaliations from the administration...

It looks like I am entering a cob web of retaliations, big and small, what a life!

**Quirino, Editha**

**From:** Zimmermann, Bridget  
**Sent:** Monday, April 16, 2018 7:56 AM  
**To:** Quirino, Editha  
**Subject:** RE: HH Audit for March

Edith,

This information should be shared with Jennifer. While I can assist with data reporting, I am not the appropriate person to discuss conflict within your department.

Best,  
 Bridget



**Bridget Zimmermann, MA, MBA**  
 Director, Quality Assurance and Performance Improvement  
 120 West 106th Street, New York, NY 10025  
 T 212-870-5046  
[jewishhome.org](http://jewishhome.org)



**From:** Quirino, Editha  
**Sent:** Monday, April 16, 2018 7:48 AM  
**To:** Zimmermann, Bridget  
**Subject:** HH Audit for March

Good morning,

When I learned that I will take over the HH collection and auditing, I noted that some of the Forms submitted were in an Attendance Sheet (including Mila) instead of the right Form for collecting it. I cannot formulate out of those collections. When you asked me during the QAPI meeting about my report, Maia said quickly "I gave it to you" in front of the meeting. And I just said "yes you did". Which is the reason why at the end of that meeting I did verbalize that "I am vague with the project".

Out of the blue, Mark rushed into my office to explain to me about the 3 Forms of HH (retroactively). But the right Form for collection was taken a while to be corrected. Hence I did not have another report during the next meeting. The only correction that was done was: Maia took the nursing part and I am on my own with the IDT part, which the collection process was in total disarray...

It was too late for me to correct them because I just learned the real solution from you just now. Thank God you came. Three x Maia told me not to approach you...that will be discussed later on. So I took the hit 2x and looked dummy every time I don't have anything to report. Of course Mila's grin said a lot.. There are more details but I am afraid it might be the cause of my demise at INJH if I say more, but if I don't say anything, they might find me weak and dummy, so it's the same thing. Too political out there...

I discarded all the irrelevant reports. It just causing it to skew the tabulation. I hope you understand where I am coming from. Since she told it in to my face "she wasn't rooting for me, she likes Cristian" There you go...I did and I am seeing that now!

4(?)

*Not: lawyer said i should think about instance  
any words that connects w/ age / gender  
discrimination*

4/17/2018

Maia,

I always had this impression that you did help me to land on this job. I did genuinely thank you about that, if you remember. I told you that my mother is 96 years old and she is the reason that brought me back to NY. That was her biggest wish before her final asleep. There is only one mother in this world, and her smile is the one that I value the most, so I did pack few of my things and back here in the East Coast in no time.

I even mentioned my gratefulness to LULU (HR), how much I owe her too in helping me to present my resume to the Nursing Department. Even though she said, "we give everybody a fair chance...". That's true. And at one my point I had a chance to thank Marie as well.

- But what was your response when I mention my gratitude to you, you rubbed it in my face by saying..."to be honest I wasn't rooting for you. My choice is Christian". (I haven't met the guy that time yet) And you even added that "do you know that he is a San Veda Graduate?" "And he is young...you know! You do understand what I mean, right?" Actually in my mind... what is that supposed to mean?
- ① Repeated X 3

And you went on and on blowing your horn that "you are tough out there in the unit, and you even fired one Filipino (?) just because he lied...

- That was the beginning of my Calvary with you. You start dumping things on my table, leaving them with no explanation. And if I

can't produce a result out of your" guessing game "request, you snarled at me without any reservation at all. Funny that later on, I found out that those materials that you did dump on me were not the right tools.

- You did not even bother to correct it so that at least I have something to present at the meeting. But your plan of correction was to split them. You took the Nursing part and you left with uncorrected materials with no clue what to do with them.
- And during the meeting when Bridget asked about my report, "your quick response was, " I did give it to you!" And then I did introject, "Yes you did...."
- And how was that made me feel... irresponsible, a laughing stock. Actually, yes a laughing stock especially when I saw Mila's grin in her face. But the funny thing was, she was among those who submitted a wrong list, that I cannot figure out how to utilize it without skewing my tabulation.
- Since then I suffered from mental torture, and was so scared to explain my side because you might verbally abuse me again, which I strongly believe you are getting used to it. Worst case scenario is to get fired. Whether you believe it or not, I just moved in NY and I live pay check to pay check as of now.
- Three weeks ago, you told me to find a name of two CNA's. Just like finding two needles in a hay stock. All I was finding was a blank space after their names. One RN Supervisor told me, "What are you trying to dig?" "You can't find them now, they were all discarded because of the A/I (Accident/Incident Report)" When I said that to you, O my God, you were practically livid in anger. For

# 2

*\* Here she was losing her patient & said something about when she reach my age, she's not as slow like me*  
*\* I did mention it w/ MR Moffat I believe*



what? And you even confronted the RN Supervisor about, why she said that to me.

- Then 2 weeks ago, there was a Mock Survey at Sarah- Neuman. Obviously Maia was trying to pressure me not to have a ride with Bridget. All kinds of suggestions such as: “why don’t you have a ride with Eric?, with Mila? And who else are coming?” I got the drift...Three times (3X) in the past you did warn me not to mingle or even casually rub elbow with Bridget. And you did elaborate your shallow pieces of rationale. Which I think a kid stuffs.
- But the truth of the matter is: with your abuses and harassments, and not learning even one piece of knowledge from you, Bridget is smarter, educated and ethical than you, by far.
- Then when I just stepped in to the Nursing Office from 2 days of being away, (Sarah –Neuman), you called me right away and once again you were harassing me with your high tone of voice, it was something about an issue that I have no recollection of or whatsoever that I did it. I cannot figure out what was causing her to hiss in anger all about
- And this exactly your introduction: “Edith do you know that I am here every day at 7:30 in the morning !” “Don’t you know that I am the only one who can send people in the Empathy meeting!?!” Then added, “that new LPN was not in my list! “ why did you send her without asking me first?” So I told her, please allow me to clarify this issue first. I have not even settled down yet from the trip. Then eventually I found out from Finola, the LPN, that it was Jennifer, the DON who sent her to the Empathy training.
- And today, once again you were maliciously accusing me about a missing master key. Let me ask you something **with sense**:

- 1. ) IF IT IS WAS A MASTER KEY WHY DID YOU GIVE IT TO ME?
- 2. ) WHY AT ONE INSTANCE, (early last month) OUT OF THE BLUE YOU BROADCASTED THAT IT'S OK FOR US TO MAKE A COPY OF THE KEY SO WE CAN KEEP OUR DOOR LOCK. (It's a nice courtesy but where was that idea came from?)
- 3.) WHY WOULD YOU GIVE ME THE MASTER KEY IF THERE ARE COUPLE OF SPARE KEYS THAT, APPARENTLY ALL COULD FIT AND OPEN OUR OFFICE. GO ASK MYRNA, SHE TRIED IT ALL IN FRONT OF ME. THEY ALL COULD EASILY FIT AND OPEN OUR OFFICE DOOR. SO WHAT'S THE POINT OF LOCKING IT THEN? IT DOES NOT MAKE SENSE...

So Maia, let me give you a wake -up call. Strike 3 is enough. If you think, I will let you slide with your abuse and harassments this time, there are so many places to work, where I could keep my sanity intact. It may not be as good as TNJH, but at least a healthy environment to work.

The outcome of this message may result of me losing my job, but at this age, my integrity and respect is very important to me. And right now, I am here to claim those back (stop sabotaging my job and enough of your games) and I swear to you, I do mean what I said...

→ *but the Rabbi*  
*told me not to* Editha  
*approach the new CEO(?)*

→ *go to HR*

→ *log back*

Maia,

From Day 1 she was very proud in telling me that she "matapang" similar translation "bad ass" at work. At first I did not pay attention to it. Until I succumbed into it. Whenever I attempted to ask her simple things, her response was either sarcastic, dismissive or blocked. If she is in a better mood, she will either send Mark to me or vice versa. There was an instance that she told me that they don't get along. She said Marc is "suplado" and Marc in his own word said something about her as "demonyita".

Going back to Maia, she continuously displaying her disgusting attitude and yet I don't learn anything from her except her negative descriptions of all her subordinates. And bragged about her collection of "fired staff". I was threatened by it. Working with her is like walking in an egg shell. And she is very volatile.

One day, I decided to approach her at close door, I told her that I don't intend to insubordinate or disrespect her, but between us, two professionals, I expect her to treat me like one instead of being like a 10 year old kid. And yet even a 10 year old kid don't deserved that treatment she is giving me. That's an outright mental abuse.

There was a point (only two weeks after hired) that she discriminated me because of my age. I have not met Christian that time... I came to her office to thank her for deciding to hire me. Her quick come back was, "FYI, I was rooting for Christian, don't you know that he is San Beda graduate? And he is a lot younger...you know...." I did not say anything but it was heartening to hear that. Then I just said to myself, "she is probably envious because I graduated from top 1 nursing school back home!"

She totally made my work environment hostile to the point that I was mentally exhausted and confided what I felt to Bridget. Surprisingly Bridget said that she is a "power hunger" that she even commented that "it's good that she is not the DON".

I was not physically exhausted but totally mentally blocked by this interim director treatment towards me. So I decided to do my own research for feedback from the staff:

1. Myrna- "a lot of people do not like her because she fires right and left" she does not have compassion...
2. Agida - "is the new DON started? I never like your interim DON, Maia, she has this attitude ... and Agida started narrating her unpleasant encounter with her.
3. Dennis- she yelled at me at the hallway (there was an issue pertaining to a patient transfer) in fact one of the nurses aid was watching him because I was seething in anger that either I might block out or do something and he added, "if that incident happened in the Philippines, I probably squish her in the elevator!"
4. Bridget- big comment was, she is a power hunger...
5. Marc- bring all your nurses aid with issues to Maia, she is "Demonyita" translation for little evil, she will deal with them...
6. Lumaqui- she is unfair as a leader, my son's baby was having a blood in the stool and he called Maia that was bringing the baby to the ER, Maia gave Lumaqui'sc son (nurse also at Jewish) a pink slip for that incident.
7. Rafael claimed that he pulled her aside twice as well.
8. Domingo- we are town mate but she never acknowledge that. He was mimicking the way she walks, like she owns the facility. He said she is impolite and so on and so forth...

Maia was claiming that there is no structure in the System. My question: is fear is what is she instilling to organize the system? In fact of all the nursing homes that I've been to while working as an interim DON, through agencies, Jewish do have a much better structure considering it's size.

## Quirino, Editha

---

**From:** Quirino, Editha  
**Sent:** Thursday, April 19, 2018 3:39 PM  
**To:** Stoddard, Nancy  
**Cc:** Tutone, Jennifer  
**Subject:** FW: Information Technology Support



### Editha Quirino RN,BSN,FMG

Clinical Educator/Infection Control Officer  
120 West 106th Street, New York, NY 10025  
T 212 870-4887  
[jewishhome.org](http://jewishhome.org)



*Note: High lighted box with yellow was my response to Nancy*

**From:** Stoddard, Nancy  
**Sent:** Thursday, April 19, 2018 2:14 PM  
**To:** Quirino, Editha  
**Cc:** Tutone, Jennifer  
**Subject:** Information Technology Support

Editha,

I'm aware that you had a large orientation group of nurses to train this week, and that you had a need for IT support. I wanted to take this opportunity to inform you of our procedure for requesting support. We have a centralized help desk that is available 24/7, they can be reached by dialing 5777, which is certainly appropriate for emergencies, and also by email [ITServicedesk@jewishhome.org](mailto:ITServicedesk@jewishhome.org) for less urgent matters. When your need for support is urgent inform the help desk, and explain why you need an immediate response.

While I understand your chosen path of coming directly to IT to get assistance, it is not the procedure. When we can help, we do, and we have made many concessions specifically for you. Nevertheless, it is not always possible for my team to drop what they are doing to address your need. I understand your anxiety around the issue this week, but I must object when my staff is treated rudely, or subject to offhand sarcastic comments in front of your entire group of new staff. Nancy, I am just wondering if you are specifically implying this statement towards me. I will not be defensive or even try to explain anything at this point because there wasn't anything to explain about this type of event that took place in front of the "entire group"??? It must not be me. I have 10 students who are my proofs that non of that event took place in front of the entire group. This behavior does not make a good impression, nor does it represent the core values of Jewish Home. Although there was an instance when I was asking one of your employee about Ben. She abruptly did stop me and said that I was trespassing. Well in fact the IT door was wide opened. I did not even reach Ben's door. I just stood there hearing her talking loudly non- stop while I was waiting for Ben to come out. Nothing more nothing less...

My recommendation is that you confirm all equipment needed for training is checked well in advance of scheduled training, and therefore not an emergency if there are issues. Since you choose to use your personal laptop the potential for problems increase, and our ability to provide support is limited. I have copied Jennifer Tutone to encourage you to review your equipment needs with her.

These people are my witnesses that nothing of that event took place during that mention date + time in ~~the~~ Friedman Hall in front of the "entire group" of people.

1. Name
2. Lika Kireel
3. Lesya Kravchuk
4. Ryan Davis
5. L.A. Donna Lambert
6. Sean Teller
7. Angele Nyalowe
- 8.
- 9.

Signatures

L. Kireel

L.K. 



Lambert

Teller

Angela Nyalowe

## Quirino, Editha

---

**From:** Quirino, Editha  
**Sent:** Saturday, April 21, 2018 4:14 PM  
**To:** Tutone, Jennifer  
**Subject:** FW: 8 weeks of Behavior Management

Jennifer,

I was educated in this facility that everything that I need to send, its either cc it to you or approach you first. As you can see, those two were not feasible this week. And again, I need to cc it to Marie as per one of senior employee's advice, to show that I am following a chain of command and Maia because she needs to be in a "know". I don't want her to be paranoid of my intention and vice-versa. We both know that we are the issue here. I maybe be too honest to a fault, but just like you, what you see is what you get. But having you as our new boss now, let me know your preference and I will gladly follow with few exemptions.

Edith

---

**From:** Tutone, Jennifer  
**Sent:** Saturday, April 21, 2018 3:53 PM  
**To:** Quirino, Editha  
**Subject:** Re: 8 weeks of Behavior Management

Editha

In short, if you do not come to me and address your concerns directly, I am at a disadvantage to helping you.

Furthermore, if you chose to maintain a log of your interactions with Maia, you are well within your right to do so.

However, sharing this "behavior log" with Marie, Maia, and me is perceived (by me at least) as provocative. We will discuss this further, in person, on Monday.

Thank you,  
Jennifer

On Apr 21, 2018, at 3:16 PM, Quirino, Editha <[EQuirino@jewishhome.org](mailto:EQuirino@jewishhome.org)> wrote:

Jennifer,

With due respect and not to try to insubordinate you, I tend to wait what was the outcome of our meeting. Since there was a pattern of behavior that I was exposed in the past, I need to know what is the future plan that will be laid to avoid this bullying type of behavior to happen again. I never stoop at her level every time she does that, she even did ask an apology but it wasn't heart felt and it did happened again after I already spoke to you even worst this time.

I am only human being...and I am entitled to work in a non- hostile environment just like everyone else.

Your interpretation of my long letter was skewed. That was a strong "call for help" before I escalate it to the higher ups.. You said during your speech in front of my class that , you strongly believe everyone deserves respect and I truly believe you. My sagging ego or no ego at all, was trashed many times that's why I did seek your refuge, for a solution not being accused again of writing a threatening letter. They were all facts and yes I do intend claim back my respect, integrity and even my sanity...

April 19, 2018

As my response to Jennifer's request for a meeting the next day after I sent my message to Maia, and cc it to Marie and her included; I came early this morning at 7:30am.

She said Marie won't make it because she is tending with family issue.

1. First thing she asked: "what prompted you to decide to write this letter?"

My response was: "it's a progressive insults and already a form of abuses and harassments from Maia.

She never stops accusing and attacking me and this time she was maliciously accusing me that I stole the master key of this office.

2. Why did you send the email it at 10:30 at night when no one is no longer around to deal with the issue?

I said: that's how I operate, I relax first after work so I can clear my mind, I even take a nap, then wake up and start doing my rituals then after that I sit and compose. If I am to discuss that long letter to you on the spot, and for me to collect all my thoughts, it might take as couple of hours since it's not my native language.

3. I am not saying that there's no behavior problem in here, but you've been a nurse for 30 something years, this letter is a threat! And I said, it was not a threat... but a call for help. But she insisted that it's unprofessional the way I address the issue to my colleague. And in a threatening way she said "I know how to handle this!"

My response: "if that's how you look at it, then so be it, and with due respect, I don't pretend or sugar coat how I feel and see. And I take responsibility for my actions. Some people curse or tend to be nasty on the unit, I never acted that way, let alone to write intentionally an unprofessional letter. There are so many positive ways to interpret that letter, if you want to interpret it unproductively, so be it. I wrote it so I guess I am responsible and should be ready for any consequences that may occur.

But after a while ( lunch time) I was trying to recall our conversation, and I said to myself " what does she means that it's a threat?" Did she mean physically, that's why Maia wasn't here today?" Then I continued, " thank God I borrowed the poster of Human Rights, from HR yesterday!"

Yes, I intend to escalate it if I don't get a proper solution to this progressive mental torture and anxiety that I've been experiencing from the first 2 weeks that I was hired and Maia constantly proving it to me that I wasn't her choice, I don't fit for the job because of my age and I could directly experience her " power hunger style" of leading me.

And yes there were employees who claimed that they are just suck it in and bear to work in a very hostile environment. Upon knowing their oppression, for some weird reason, at least it did alleviate my anxiety with Maia's abuses and harassments.

I also dropped by in the rabbi office and shared it to him whatever I remember in that message. Then he asked what was Jennifer's response to my letter and I said, she completely disregard the real content of it and right away perceived it as " threat".

Then I told him that, if I were in her position, I will take it in more on her advantage, because other employees will just pick up the phone and call the CEO or call the hot line directly.

Then he suggested, why don't you go to the HR? I said I lost my trust on her because I said, " do you remember when we had that disaster training?" She was wearing an ear phone, walkie talkie in her hand and a cell phone on the other, that she can barely hear the real instruction being given over head outside the lobby. She was repeatedly commanding me to listen to whatever she says with her glaring eyes, clenched teeth combine with very piercing look in her face that she expects me to follow her off instructions instead. I just look away every time she does it. Then when we all back in the board room for recap, her name was called for feedback, and she said, "I am sorry I was wearing and holding two gadgets that I can't hear the instructions clearly"...

X3 (?)  
or  
more

Spoke to the rabii and explained briefly my situation. He said it must be very upsetting and the stomach upset must be uncomfortable for you. He said, why don't you go to HR.i told him my first impression with the HR director during the Disaster Training was unpleasant. I told him that I lost my respect to her the way she treated me that time, and I don't even know her. It was later on that I got to know her when she asked an apology during the recap in front of the board that she cannot hear the directions bc she was wearing a headset and while listening directions from the walkie talkie. And I said, " now you realized how you were rude in treating me the whole time".



**Quirino, Editha**

---

**From:** Quirino, Editha  
**Sent:** Thursday, April 19, 2018 3:39 PM  
**To:** Stoddard, Nancy  
**Cc:** Tutone, Jennifer  
**Subject:** FW: Information Technology Support



**Editha Quirino RN,BSN,FMG**  
Clinical Educator/Infection Control Officer  
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T 212 870-4887  
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very extremely  
shaking it a  
On Manager  
last round  
for the day

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[illegible]

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LA DELEGACIÓN DE LA BASE A ENTIDAD PARA CREAR COLOR NACIONALIDAD ORIENTACIÓN SEXUAL ESTADO MILITAR, SEXO Y ALTERNATIVAS ESTABLECIMIENTO VOTAR DE VOTACIÓN

[illegible]

Tampoco se prohíbe la discriminación en el empleo basada en la orientación del sujeto y otros factores religiosos, por prejuicios, creencias o al respecto, o cualquier otro motivo de discriminación.

En función de la percepción de las condiciones físicas y sociales en el lugar o ambiente de trabajo, los trabajadores pueden experimentar una modificación en el lugar o ambiente de trabajo que permita que una persona en condiciones físicas de riesgo no sea tan vulnerable.

6. 2008年12月31日，甲公司“应付账款”科目所属各明细科目期末贷方余额如下表所示：

Ex. ap. 1990-11

(1) el aumento de impuestos de un municipio a causa del cambio de la categoría de la zona que se encuentra en el municipio

(2) el establecimiento de un impuesto de sucesión en el municipio de un propietario de un terreno que se encuentra en el municipio

(3) el establecimiento de un impuesto de sucesión en el municipio de un propietario de un terreno que se encuentra en el municipio

(4) la venta de un terreno que se encuentra en el municipio de un propietario de un terreno que se encuentra en el municipio

(5) la venta de un terreno que se encuentra en el municipio de un propietario de un terreno que se encuentra en el municipio

Señalando así profundamente el dinamismo de la economía, la vida en la ciudad y la familia (el tipo de trabajo, el ocio, el hogar).

... también se puede exigir que se tomen todas las medidas y modificaciones para las personas con discapacidades.

[illegible][illegible]

La ciudad de San Francisco de Asís, por su posición estratégica, ha sido siempre un punto de encuentro y de intercambio entre las culturas de la zona. En el presente, la ciudad es un importante centro de atracción turística y cultural, lo que ha permitido el desarrollo de una industria turística y cultural que ha contribuido al crecimiento económico de la zona.

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

1990-1991

Si desea presentar una querrela ante la Comisión de Disciplina Intemas, debe hacerlo dentro de un plazo de un año después que el hecho disciplinario le haya ocurrido. Los veredictos que emite la División son gratuitos.

Si desea presentar una querrela ante la Corte Estatal tiene un plazo de hasta tres años después del incidente disciplinario para hacerlo. No puede presentar su queja en ambos lugares, la querrela ante la Corte Estatal.

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Also prohibited: discrimination in employment on the basis of Spideh observance or religious practices prior arrest or conviction; technical predisposing genetic characteristics.

Reasonable accommodations for persons with disabilities may be required. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner.

Exemptions.

Exceptions:

- (1) rental of a dwelling unit for the principal residence of a tenant
- (2) restrictions of all rooms in a housing accommodation to the visitors of one or more tenants
- (3) rental of a room by the occupant of a house or apartment
- (4) sale, rental or lease of accommodations to housing agencies or persons of legal age or older, and the source of such rental

Also prohibited discrimination in housing on the basis of race, ethnicity, sex, age, marital status, religion, or national origin.

Responsible in connection with the above mentioned persons and/or organizations.

Also prohibited commercial tobacco and alcohol sale.

Also prohibited: consumption of alcohol

Age is not a covered classification relative to non-discriminatory  
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 (Effective January 1st, 2009.)

GOVERNMENT OF THE STATE OF TEXAS  
COUNTY OF DALLAS

SECRET

**SECRET**

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DATE 08-16-2007 BY 60322 UCBAW/SJS

If you wish to file a formal complaint with the Division of Human Rights, you must do so within one year after the discrimination occurred. The Division's services are provided free of charge.

how they do it from my previous experience and I think it will apply to my current situation to protect myself...

Respectfully Yours,

Editha

---

**From:** Tutone, Jennifer  
**Sent:** Saturday, April 21, 2018 2:31 PM  
**To:** Quirino, Editha  
**Cc:** Santarina, May  
**Subject:** Re: 8 weeks of Behavior Management

Editha and Maia

Meet me in my office on Monday morning at 8:15a. Clearly, my request for this behavior to cease has been disregarded.

Thank you,

Jennifer

| On Apr 21, 2018, at 2:01 PM, Quirino, Editha <[EQuirino@jewishhome.org](mailto:EQuirino@jewishhome.org)> wrote:

<8 WEEKS OBSERVATION OF BEHAVIOR IMPROVEMENT.pdf>

The information in this e-mail may be confidential or contain information protected by Federal and State Privacy laws. If you are not the intended recipient, any review or dissemination of the information contained in this

FW: 8 weeks of Behavior Management

From: Quirino, Editha (EQuirino@jewishhome.org)

To: editha.quirino@yahoo.com

Date: Friday, April 27, 2018, 8:37 AM EDT



Editha Quirino RN,BSN,FMG  
Clinical Educator/Infection Control Officer  
120 West 106th Street, New York, NY 10025  
T 212 870-4887  
jewishhome.org



**From:** Tutone, Jennifer  
**Sent:** Saturday, April 21, 2018 3:53 PM  
**To:** Quirino, Editha  
**Subject:** Re: 8 weeks of Behavior Management

Editha

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Thank you,

Jennifer

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Jennifer,

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I am only human being...and I am entitled to work in a non- hostile environment just like everyone else.

this situation without being dirty like the way  
their were handling it. Funny also that Marie, who  
seldom smiles did smile at me in the lobby, more  
than usual.

I will send this 8 weeks Behavior Management to  
them with an obvious goal at the bottom. And I  
will think how am I going to undue the damage  
that Jennifer and Nancy Stoddard created against  
my clean reputation. I wonder if this Nancy did  
seriously dropped my name in Human Resources?  
Should I call them Monday?

And I'm sure I was talk of the town in the facility  
already. Now how am I going to regain my clean  
reputation now. Should I send the copy of this  
Plan of Correction to all the managers, telling  
them an apparent issue that did not take place but  
instead, an obvious part of their modus operandi  
to smear and damage my reputation? Or should I  
wait until they fire me?

Let me know your input Monday or whatever is  
convenient to you. Thank you and I thank the Lord

I need to go to the hospital without health insurance I will. I did have severe migraine and took all types of medication with foods, now I am having stomach upset from it. Even a little bit of diarrhea. I might take a taxi to go to an urgent care or ER, I hope they don't put me in triage and wait there forever. Urgent care is easy breezy.

Sorry to hear. You are seen quicker at Urgent care. I'll pray for you. Feel better...

Ok thanks .

Wed, May 2, 11:59 AM

You probably getting lonely without someone who is constantly verbalizing to you her growing pain and suffering from the harassing bossy people in that facility I will send to you my response to Tutone's harassment today for your exclusive entertainment. Just wait

what I was saying was thank you for sending me a signal in my phone. With due respect, I need a little bit of sympathy and respect not harassment. And my two messages were enough even one message was enough. Actually I was following your instruction that I should communicate with you alone. With due respect, you maybe saying that I should take care of my medical condition by it's the manner of how you were saying that really counts. You were practically harassing me...

And her response was 360 degree reversed! Loud mouth! All she does is speech... speech... speech, cell phone and leave early. As my leader what was her action when I was also falsely accused by the ITDirector? None!

She said her background is ICU pediatric, what is she doing in



She said her background is ICU pediatric, what is she doing in Geriatric?

I don't believe that she had any managerial background in the past, perhaps only now bc she is being trained and coached by the big boss.

She doesn't know what to do with the new hires? I told her that before she and myself were hired by TNJH, I'm sure there were new hires too. She'll be surprised how resourceful and creative the management.

It's about time to drop the phone and do trouble shooting instead of harassing a sick person. That's what she's being hired for. Her and Maia are good partners, they have many things in common...

Now she's giving me a permission to talk to everyone including the

It's the one that says... myriad of symptoms...

And just like probably anyone else, I don't open my email when I am sick

Jennifer

The email isn't addressed to anyone. That's probably why it didn't come to me.

Editha

I do not know what happened, I was terribly sick last night. All I know I sent you a letter and my intention was honest in my first letter and that second.

Editha

Good morning . I was cleared and fit to work yesterday but my diarrhea did not really stops completely. I just want to pick up my

6/2018

Jennifer  
&  
Myself

What I was saying was thank you for sending me a signal in my phone. With due respect, I need a little bit of sympathy and respect not harassment. And my two messages were enough even one message was enough. Actually I was following your instruction that I "should communicate with you alone." With due respect, you maybe saying that I should take care of my medical condition by it's the manner of how you were saying that really counts. You were practically harassing me...

What I was saying was thank you for sending me a signal in my phone. With due respect, I need a little bit of sympathy and respect not harassment.

condition. It's never fun to feel sick. I'm encouraging you to take care of yourself so that you don't become worse. As the phone connection was poor, either yours or mine, perhaps it was difficult to hear the concern in my voice. Please let Maia and I know how we could be helpful with the orientees in your absence and keep the supervisor aware of your ability to return to work. Lastly, please resend the second communication email. It never came to me. Thank you and feel better. Jennifer

Editha:

I can't email the supervisor. And please read your email. As I was instructed that email is the main or way of

4/23/2018

Oh yesterday, Jennifer had a close conversation with Rafael. Her facial expression, means a lot. Actions are louder than words, mean look and detached.

Once again, I have this feeling of being closely monitored since after I submitted the letter. It's unusual that all the Nurse Managers were present during the computer class. And out of the blue, Erick came to the cafeteria and mingle with me and Carole a little bit and left. That's weird...

**Quirino, Editha**

---

**From:** Tutone, Jennifer  
**Sent:** Wednesday, May 02, 2018 11:31 AM  
**To:** Quirino, Editha  
**Cc:** Santarina, May; Rosenthal, Marie; Arroyo, Ilene  
**Subject:** RE: meeting...

Editha

Per our conversation earlier today, the email below is the only one I have received from you since yesterday. If you have another email stating you would be absent from work yesterday and today, please resend it to me at your earliest convenience.

Thank you,  
Jennifer

---

**From:** Quirino, Editha  
**Sent:** Tuesday, May 01, 2018 6:50 AM  
**To:** Goldberg, Deborah  
**Cc:** Tutone, Jennifer; Santarina, May  
**Subject:** meeting...

Dr. Goldberg,

I am sorry I can't meet you today. I have unbearable headache. I hope you get this before 8am.

Editha

**Quirino, Editha**

---

**To:** Tutone, Jennifer  
**Subject:** myriads of symptoms...

Hi Jennifer,

Migraine still persists, pain meds just gave me stomach ache.

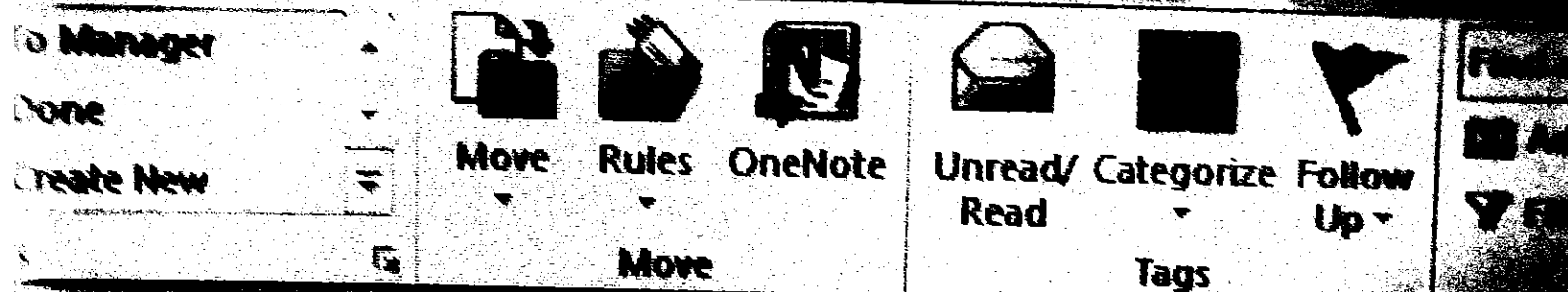
If I need to go to ER (triage= wasted hours) I will, but I hope Urgent Care will accept me even without Medical Insurance. I probably not in tomorrow either. I'll catch up when I get back.

Sincerely,

Editha Quirino

**Scheduled Admissions****Martus, Shamika****2:24 PM****Scheduled Admissions****Marius, Shamika****2:06 PM****Scheduled Admissions****Lasker, Mila****1:11 PM****RE: Frd 3 anttention needed ASP****Lasker, Mila****8:43 AM****Fk4 ASP attention needed****Santarina, May****8:21 AM****RE: Revised Daily Nurse Manager Coverage ...****Yesterday***May 2, 2018***Tue 11:27 AM**





ate on email systems

dard, Nancy

*May 2, 2018*

Wed 5/2/2018 2:35 PM

SALL JHA

ho	All TNJH staff using email
hat	Update following the email outage this morning
hen	Since 8am
etails	Our email systems are stabilized and returned to normal operations. The engineers are assessing our email infrastructure, confirming database integrity and making recommendations for follow up. A reboot is scheduled for later in the evening requiring a brief period of downtime. We will notify you when the time has been determined.

**Nancy Stoddard**

Information Technology

Spoke to the rabii and explained briefly my situation. He said it must be very upsetting and the stomach upset must be uncomfortable for you. He said, why don't you go to HR. I told him my first impression with the HR director during the Disaster Training was unpleasant. I told him that I lost my respect to her the way she treated me that time, and I don't even know her. It was later on that I got to know her when she asked an apology during the recap in front of the board that she cannot hear the directions bc she was wearing a headset and while listening directions from the walkie talkie. And I said, " now you realized how you were rude in treating me the whole time".

April 25 / wed

Asked Jeff why my recent pay check was decreased in amount. He explained it to me that they start taking money for insurance. Why my coverage have not kick in yet? I went to the HR, and told Raquel that I had severe tooth ache that I need to see a doctor right away. She said she cannot find my name in the computer. And I told her, I have not received it thru the mail either. Then Racquel went to her boss office which took a quite wait bc she and out. She said it wasn't in the computer but I am going to work on it now. So if something medical is bothering me, how can I go and have

**Friday around 4 pm, I met Jackie and Marie by the elevator asking me, when are you gonna go home?"**

I saw Sharon by the lobby, same question...when am I going home?

I saw Matk by the Supervisor's desk, are you going home? I said it in his own dialect, not yet " kapoy kaayo!"

4/27/2918

5/2018

Bridget

+

Myself

She was micro managing me in a very rude and crude way. I do not know for how long I can handle her harassment.

Bridget

I would advise you to speak with Jennifer.

Editha

Sorry I know you are very tired. It's just that I feel like I want to "run away !"...

Thank you for your kind advise. Maybe bc I had a ride with you to Newman? Lol!

I will speak to Jennifer. I am hoping she has a wonderful advice to stop me from saying something that I might regret one day. I love my job and trying hard to get the hang of it and get along with people. But

Your interpretation of my long letter was skewed. That was a strong "call for help" before I escalate it to the higher ups.. You said during your speech in front of my class that , you strongly believe everyone deserves respect and I truly believe you. My sagging ego or no ego at all, was trashed many times that's why I did seek your refuge, for a solution not being accused again of writing a threatening letter. They were all facts and yes I do intend claim back my respect, integrity and even my sanity...

I just cannot express myself more in the past to Marie because... you even finished my sentence that it might " back fire on me" But not too long after that meeting, I was being bullied again and accused of stealing a property of the facility which quite humiliating already. And then there was a another "false claim" against me yesterday, that did not even happened. I have 10 people who could be willing to be my witnesses. And it was forwarded to you, you did not even call my attention to advise me on how to deal with it.

Again with due respect, this is a "call for help" that truly need you leadership attention. And a " must cease" is not a solution to this situation. Again, nothing in this message is threatening, this is a continuation and clarification of our conversation. If you mean the other day that my letter was physically threatening, let me give you a good analogy, there was a live cockroach on floor during Computer Training, I can't even crash it out of fear that it might bite me, so let alone me harming another human being...

I don't know how you are handling my case, but I am still being targeted with false accusation, but you are not there to help me to find a solution or even just give me an emotional support as your subordinate. If you think this is being fueled by financial gain, NO because I am not entitled to any of that type of gain, for being in the facility only for barely 2 months. I might see indirect or subtle signs of retaliations, like suddenly I am being observed closely or whatever any deviations from norms might be, but that is an old M.O. on how other facilities show retaliations. Jennifer, I am here to do my job and I am passionate about it although now I am quite concern to be exposed in jeopardy knowing how you handle this progressive event and another false accusation. I am having this overwhelming feeling and terribly bothered that this "bullying" is not going to cease without a real professional Plan of Correction created for it, hence I submitted you that Behavior Management for both parties to observe, nothing more nothing less. That's how they do it from my previous experience and I think it will apply to my current situation to protect myself...

Respectfully Yours,

Editha

**From:** Tutone, Jennifer  
**Sent:** Saturday, April 21, 2018 2:31 PM  
**To:** Quirino, Editha  
**Cc:** Santarina, May  
**Subject:** Re: 8 weeks of Behavior Management

Editha and Maia

**Subject:** Re: 8 weeks of Behavior Management

Editha and Maia

Meet me in my office on Monday morning at 8:15a. Clearly, my request for this behavior to cease has been disregarded.

Thank you,

Jennifer

On Apr 21, 2018, at 2:01 PM, Quirino, Editha <[EQuirino@jewishhome.org](mailto:EQuirino@jewishhome.org)> wrote:

<8 WEEKS OBSERVATION OF BEHAVIOR IMPROVEMENT.pdf>

The information in this e-mail may be confidential or contain information protected by Federal and State Privacy laws. If you are not the intended recipient, any review or dissemination of the information contained in this message is prohibited by law. If you have received this e-mail in error, please notify the sender and delete this e-mail. Thank you.

**8 WEEKS OBSERVATION OF BEHAVIOR IMPROVEMENT***Subject: Maia Santarina Title: Assistant DON Dept: Nursing TNJH -Manhattan**OBSERVER: Editha Quirino TITLE: Nurse Educator/Infection Control Officer TNJH - Manhattan*

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
<b>DAY 1-Friday</b> 4/20/2018-  Today we discussed the plan for incoming new hires on Monday 4/23-mellow/casual conversation	<b>Day 1 -Mon</b> 4/23/2018	<b>Day 1- Mon</b> 4/30/18	<b>Day 1 - Mon</b> 5/ 7/2018	<b>Day 1-Mon</b> 5/14/2018	<b>Day 1-Mon</b> 5/21/18	<b>Day 1-Mon</b> 5/28/2018	<b>Day 1-Mon</b> 5/4/2018
	<b>Day 2-Tues</b> 4/24/18	<b>Day 2 -Tues</b> 4/1/2018	<b>Day- 2 Tues</b> 5/8/2018	<b>Day 2- Tues</b> 5/15/2018	<b>Day 2- Tues</b> 5/22/18	<b>Day 2- Tues</b> 5/29/2018	<b>Day 2- Tues</b> 5/5/2018
	<b>Day 3- Wed</b> 4/25/2018	<b>Day 3 -Wed</b> 5/2/2018	<b>Day 3 - Wed</b> 5/ 9//18	<b>Day 3 -Wed</b> 5/16/2018	<b>Day 3 -Wed</b> 5/23/2018	<b>Day 3 -Wed</b> 5/30/2018	<b>Day 2- Tues</b> 5/6/2018
	<b>Day 4- Thurs</b> 4/26/2018	<b>Day 4 - Thurs</b> 5/3/2018	<b>Day 4- Thurs</b> 5/ 10/2018	<b>Day 5 - Thurs</b> 5/17/2018	<b>Day 5 - Thurs</b> 5/24/2018	<b>Day 5 -Thurs</b> 5/31/2018	<b>Day 5 -Thurs</b> 5/7/2018
	<b>Day 5 Friday</b> 4/27/2018	<b>Day 5- Friday</b> 5/4/2018	<b>Day 6 -Friday</b> 5/11/2018	<b>Day 6 -Friday</b> 5/18/2018	<b>Day 5 -Friday</b> 5/25/2018	<b>Day 5-Friday</b> 6/1/2018	<b>Day 5-Friday</b> 5/8/2018

**Goal:** To prevent a damaging escalation of a maladjusted behavior to the Higher Administration (CEO) and Human Rights.

Sign by: \_\_\_\_\_ DON: (print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Text Message  
Sat, Apr 21, 10:48 AM

Good morning Carole,

I know it's weekend and you are probably enjoying it at the moment. But as for your poor friend, a one " Madame in distress " I still can't accept how Jennifer is handling my case after she said during our m... >

I'll answer you a little later today.  
Keep the faith.

Oh no problem. Thank you. I forgot to attach my plan of correction. Let me send it to you...

I did send it by email. I hope you get

I know it's weekend and you are probably enjoying it at the moment. But as for your poor friend, a one

" Madame in distress " I still can't accept how Jennifer is handling my case after she said during our meeting, " I know how to handle this"... and now she is starting it by sending all the squadron of nurse managers to where I was and even one of them while we were in the cape'. And conniving with other departments!

It's humiliating. And Maia yesterday handed me a piece of paper from Human Rights. I read it and it wasn't clear to me who was it being addressed to. So I left it on top of my table. Until I realized that it could be that IT Director and reported ahead of time to the Human Rights....

Now I know, it was a tactic. Yes, possibly that IT Director who fabricated a story and sent it to me 4 days after. Which was much delayed than my letter to Jennifer.

question and said "no".

Camera could see that I did approach him yesterday by the door in the lobby going to the basement. It was 4 days delayed which was sent after I sent that letter to Maia and cc to Jennifer and Marie.

Although, I also recollect that when I went down to IT there was a girl by the hallway in the basement that I spoke with about my problem in connecting with the projector. She said bluntly she couldn't help me. So I went inside an "opened wide" IT door, and she said I was trespassing??? She was yapping and yapping... I just ignored her until Ben came out and we left.

Obviously Jennifer was part of it by telling me, "I know how to handle it" so I know what it means, by conniving with other departments and used all the squadron of nurse managers to escalate it. Which is clearly a part of their retaliation.

Now I will show them the proper way of handling

It's just that I feel like I want to  
"run away !"...

Thank you for your kind advise.  
Maybe bc I had a ride with you  
to Newman? Lol!

I will speak to Jennifer. I am  
hoping she has a wonderful  
advice to stop me from saying  
something that I might regret  
one day. I love my job and  
trying hard to get the hang of it  
and get along with people. But  
my goodness ... I am losing my  
confident every time she  
"harass" me.

Editha

What I was saying was thank  
you for sending me a signal in  
my phone. With due respect, I  
need a little bit of sympathy  
and respect not harassment.

And my two messages were

5/15/2018

Part of me educational training to new hires is PPE. There's no place to do it except in the nurses lounge. Whenever there's someone who wants to use the BR I just tell my students to wait. There's one IT employee who came and asked me if it's ok to close the door in the win BR then after she's done using the toilet, she will open the main toilet door again. I said, sure. But the tone of her voice was unpleasant that one of the new hires look at me with disagreeing facial expression. I just r sponged by shrugging my shoulders. After that, the Director of IT, Nancy Stoddard ( again) followed. She tried to close the door but not really and just left it as it was. When she came out she said something " you deserved better than this". And I responded that, it's ok... I'm sure the new future building will be much better" ... Then here comes the previous IT employee, back again. But this time she did not even bother to close the main door of the toilet cubicles. Then after few minutes ( 10-15mins) she's back again with soft drink in her hands inside the BR. I knew right there, I was being set up. Of course I'm Infectious Officer... if I say something, that will be setting up conflict with them. I just kept quiet and ignored her.

Monday 5/7/2018

10:30

Jennifer explained to the nurse managers how to use the loeb card. Asked if there's any question. I did, about mental status changes. The way Dr. Brendais to me that with change of MS plus 2-3 s/s of UTI, you treat the patient. I asked him to explain it to them, we were both kicked out, by Jennifer saying: "it is not our question, it's Edith's question, tacklessly in front of our colleagues and with the Medical Director.

5/30/18

David and Jose were doing rounds checking beds and mattresses, when I asked him if he is aware about the N 95 particulate mask. He said I never heard about it. Why is there a concern ? I said no, first time I heard it too during the meeting.

So the following day, I went downstairs to interview Kevin O Brien, the Engineering Supervisor. He said I never knew any issue or concern as of now. Although he said something about asbestos but it was reported already in the past. And the people who handled the issue were also the one who recommended the N95, 1700. So I just conclude that perhaps they are just shopping for a new vendors that are cheaper than what they already ordering it with.

So I therefore conclude that the irrelevant question that was thrown to me was just to embarrass me that I wasn't doing my job as a solo Infection Control Officer in a 514 bed capacity facility. I was promised to have a partner but last March but that seems to be an empty promises bc they could assign Jackie, one of the Nurse Manager, but up to this time, no action. Therefore these surprise questions to weaken my already dying spirit is being continuously assaulted in a crab like fashion by the administration.

May 21, 2018 10:30 am Lobby

Eileen's color is coming out. The truth came out as I predicted it. There was an instruction



June 4,  
2018

Labor lawyer sya deng so I am just following her advice den. Nothing to lose either way.

Believe me they are already grinding all evidenced against you

So by the time you file it looks like you're the one retaliating

I'm just sharing it to you ma fren and thank you so much for your palala.

Ok , pautangin mo ko nang pang rent.

But believe me the same case happened way back

Ako p ang mangungutang s iyo

Ok Punta na nga ako.

U don't know what I've gone through the past few months ?

mincing me into pieces of embarrassing moments like today. And Maia is so happy seeing me being humiliated.

Call Department of labor and DOH give them the price of what they've done to you

I know, they are really finding mistakes from me, now that they can't find one, they are creating one lol!

Yup!

Believe me opening a can of worms

There's even a cockroach in that place that made me jumped at one time.

Yes I will in my 12 pages of letter.

So don't wait till the time comes

evil facility big time. That's why I  
don't talk back because I am  
cooking something that will surprise  
them. You'll see...

Don't wait till you find a job call  
them tomorrow

I don't want to give them a bullet to  
use against me with their obvious-  
harassment's.

They'll be surprise

Oh believe me they will..

The reason why u need to call now

Especially that Maia who said that  
I'm old for the job. That's age  
discrimination!

Yup so why wait call them tomorrow

I'm still talking to my mom

Roommate good am!! What happened? Call out ka?

Tue, May 1, 11:50 AM

Tindi migraine ko. Preno muna.

Akala ko may interview ka na 🤔 🤔  
🤔 get well and see you tom.

Mas mabigat yung sama nang loob  
maka atake kesa yung trabaho.  
Sana nga May interview ako para  
mahinto yung mga malisyosong  
tanong" o anong oras ka uuwi?"ni  
kuto nga di ko matiris, di Tao pa no!  
Ok ba sila? Ok ba si tutubi?

Hwag mo silang pansinin masyado.  
Baka matalo ka sa inis at sama ng  
loob. Pahinga ka lang dyan. Work na  
me 🤔 🤔 🤔

Ok TY!

Mas mabigat yung sama nang loob  
maka atake kesa yung trabaho.  
Sana nga May interview ako para  
mahinto yung mga malisyosong  
tanong" o anong oras ka uuwi?"ni  
kuto nga di ko matiris, di Tao pa no!  
Ok ba sila? Ok ba si tutubi?

Hwag mo silang pansinin masyado.  
Baka matalo ka sa inis at sama ng  
loob. Pahinga ka lang dyan. Work na  
me 🙄🙄🙄

Ok, TY!

Wed, May 2, 10:23 AM

Roommate, good am. You still  
sick?? 🙄🙄

Yep and being harassed by your  
commander !

Patingin ka na sa md. You may need  
it kc even if you will take only 2 dys  
sick.

Yang si 22b, 2 face at Walang alam kung di mag taas nang boses. Ok silang partner ni Maia.

Respect and dignity, speech nya in front of the new hires.

> Tapos nung sabi ko I'm claiming my respect, bigla accused ako nang threat.

> instruction nya " from now on you will only communicate with me" ngayun Hindi nya alam mag trouble shoot kung anong Gagawin nya sa new hires. Bigla dapat ko daw ipaalam kay Maia at sa mga super. Balimbing!

> I Mail's ko sya 2 x. Di raw sya nag babasa nang email. Sabi ko I was instructed that in that facility that e mailing is the main way of communicating.

> sabi ko with due respect, I may not be your patient but I am sick I need empathy. You probably telling me to take care of my medical problem but it the tone of voice that counts. Again, with due respect,

Ay ano ba yan 🤔🤔🤔. Take care of yourself. I suggest you see a doctor kc all these things that are happening to you might be causing you to get sick. You have to be compensated for what they do to you 🤔🤔. Think about it and what your next move should be.

Mabuti nga sa ka nya marindi sya. Puro speech alam nya, cell phone at agang lumayas. As a leader, Ning action nya false accusation ni Nancy? Baka nga sabotage, kasi lakas nang loob mag accuse. Ay mabilis Lang silang dumadada kasi lengguahe nila. I don't think me managerial experience yan ngayun lang kasi train sya nung Pina ka boss. Eh anung ginawa nung Pina ka boss nung report ko yung conflict ni Maia? Non! Kaya patuloy ang cga- cga ni Maia kahit andyan na Yang c 22b. Ngayun Hindi sya maka hirit kasi na ka log sya sa akin.

Teka pala. Did you call out sick sa sick call line ng jewish home. Mag isa lang kc ako dito sa office n just now i saw maia outside. Asked her what happened to everyone lahat wala? She said she is in mtgs, c 22b ay wala sa rm nya as usual, jeff also is not here. Then asked her casually what happened to my roommate? Sabi nya "no show no call" ka daw???? Kaya kita tanong kung mag call out ka??

Bulaan yan. Explain ko kay 22b na hindi ako maka call outside bc I live surrounded by big buildings. So email ko sya twice. Pasalamat pa ko sa kanya bago nya ko pinag bagsakan, thank you for sending me signal. I can't even call my 96 years old mother sometimes. And the honest truth. Bulaan lahat ang dila nila. Bakit ko gagawin yon? Ok ba sila. Sabihin mo Baka in cahoots sya sa IT Director. Pina lalahas me



22b ay wala sa im nya as usual, jeff also is not here. Then asked her casually what happened to my roommate? Sabi nya "no show no call" ka daw???? Kaya kita tanong kung mag call out ka??

Bulaan yan. Explain ko kay 22b na hindi ako maka call outside bc I live surrounded by big buildings. So email ko sya twice. Pasalamat pa ko sa kanya bago nya ko pinag bagsakan, thank you for sending me signal. I can't even call my 96 years old mother sometimes. And the honest truth. Bulaan lahat ang dila nila. Bakit ko gagawin yon? Ok ba sila. Sabihin mo Baka in cahoots sya sa IT Director, Pina Lalabas me glitch in the system.

Sabi ko sayo Puro cough out Yang si 22b

Hindi ako takot sa kanila matalo manalo. Sige I fire nila ako.

Oo, follow ko lang strict order nya  
na sya lang kakausapin. Ngayun iba  
na kelangan mag paoalam ako sa  
lahat. Ok nga ba yan?

Pati nga yung friend mo sa nyhra  
wala din. As in solo talaga ako  
promise 🤪🤪🤪

Hay naku, nakakahibang!

Ang puso mo. Baka madagdagan pa  
sakit mo. Basta nagsabi ka sa  
immediate superior mo ok na yun.  
See you tom.

Yep!

Kelangan na ka log lahat...

Hindi tutuo Yang glitch. Di mo ba  
halata si Nancy mismo ang nag sent  
nang message? At ang message ko  
ke 22b found out now, di ko ma kita.  
Common sense bakit Hindi ako mag  
communicate sa kanya. No digging

Yep!

Kelangan na ka log lahat...

Hindi tutuo Yang glitch. Di mo ba halata si Nancy mismo ang nag sent nang message? At ang message ko ke 22b found out now, di ko ma kita. Common sense bakit Hindi ako mag communicate sa kanya. No digging my own grave? Last thing I would ever do. Eto kabubukas ko lang, Hindi ko makita.

Bakit mga empty ang folders ko?

At yon lang e mail ko ke Dr. Goldberg ang nakarating na I- cc ko sa kanya? Hummmp 🤔

Sige I fire Nya ko...

At bakit nya pinagpipilitan na padala ko sa kanya. Sabi I emailed you twice, in fact once is enough.

Ngayon missing and some of my folders are empty .

Hay naku. Ano ba yang situation mo. Kakaloka. Ay ewan. 🤔🤔🤔

At least makikita ko kung sent, garbage or draft. Lahat nang folders ko empty. Glitch in system para lahat maniwala sa mga pakana nila.

Kung naka pag Sulat si Stoddard na kasinungalingan, she can do everything!

Talagang set up nya ko. Submit Nya kay Marie, sa HR at kay Maia.

Ayan nakita ko At sent ko ulit sa kanya.

Tinawag ko pa IT sa kapit kuarto mabuti andyan sya.

Jail mail pa ko. Saka ko na lilinisin.

Thu, May 3, 11:10 AM

Roommate, 3rd day mo na sick. Are you ok? Are you still planning to work here?

Antay ako nang tawag for ultrasound. Lam yon ni 22b. Diarrhea pa rin at stomach pain. Naka lady's diaper nga ako.

Hala sana nman hindi ka natamaan ng ecoli from your salad. Hope nothing serious. Get well soon.

Sakit sa bato( gan) ata? Tingnan.

Baka nga ecoli to ah. Pero US na rin para sigurado. Dami ko nang gamot.

Thanks for asking...

Keep me posted. 🙏🙏🙏

I will Madame...

Masisi moba ako since day 1  
hinaharassed kasi ang choice e mas  
bata kesa sa akin. Ngayon na dag  
dagan pa nang isa pa. Kahit ata  
naburol ka na harass ka pa rin.

Kung lahat nang gubat me ahas,  
lahat naman nang lugar, me mga  
angel din...

Beauty pa sila 🙄

Bolera ka pa. Sya work na ako.  
Asikasuhin mo yung md note para  
bitbit mo na sa monday.

☹️ totoo yon At me nag patunay pa  
nga Di ba?

I ay sige Mrs...

Mon, May 21, 1:32 PM

Ok ka ba Mrs?

Ok lang. allergy. Hindi makabangon

Meron bang underscore? Lam mo ba kahapon binabasa ko yung mga nasa j drive na educational items, Meron nag co control nang arrow ko naka remote.

Ano yun? Pagkakaperahan ba??



Hinde, Meron nakapasok sa site ko.

Yup may underscore

Para bang pag me problems yung computer mo you give permission to the geek squad to connect in your computer by remote para ma fix nila problem mo.

What do you mean? Sa personal email mo o sa work?

Saka kahapon delayed lahat email ko. Para bang ba Check point bago I release by bulk

Saka kahapon delayed lahat email ko. Para bang ba Check point bago I release by bulk.

Pag sa work. Remember i told you they can do that??

Saan underscore after Myrna ?

Yes

Wow, nagulat ako.

Ok ill send you something. And thank you for your blessing Mrs. I you

Text Message

Kaya i never use work laptop for personal matters. Kc they can at any time randomly ck on what you are doing during work hours.

iMessage



Kaya i never use work laptop for personal matters. Kc they can at any time randomly ck on what you are doing during work hours.

iMessage

Ok same here.

Yung desk top yon. Erased ko na lahat ang mga profile ko. Pero nalimutan kong Gawin sa Lap top ko.

Whatever is erased in your desktop, erased din sa laptop.

Oh... good ! That's good to know. Less job for me to do. I'll keep you posted.

Tue, Jul 10, 10:14 AM

Good am. How are you now?  
Where are you now? I was out for a

6/5/18. Someone is inside my outlook remotely.

Nope, not you 🙄 ever. Going home soon, I hope... tired....

Wed, May 9, 3:24 AM

I hope your text don't make sounds that wakes you up. Remember when I told you about Marie Penel wash Hush-Hush, asking me for my phone number? I strongly believe that she was trying to protect me from something coming. She's nice to me even before my problem with Maia took place.

I kind of made a research too to confirm my speculation. I know Jean Pierre likes me too. But unfortunately he was on vacation when things escalated between myself and Jennifer, otherwise I know he will let me know too.

Wed, May 9, 10:37 AM

Are you coming today?

were never given a fair break or they were just hurt and destroyed because of this unkind and unfair management.

The truth is now unfolding. Their power can't no longer stop it. The divine intercession is the most powerful, not who they think they are. And I am on the side of the truth...the divine intercession.

Now is my time, it is a very rare opportunity that only knocks once in my life time. I am given that chance to to get back my confidence and integrity from these bullies, money or no money...so be it.

It was my original plan and I am not backing off. I am here to live as a human being and to enjoy the same rights like everyone else. My 95 years old mother did not bring me to this world just for them to take away my human rights

Stayed for couple of months then gone too. These were circumstances that obviously shows that there's something wrong in the system not just me...

I cannot just let go the impartiality in that place that robbed me of my integrity and made me feel horrible with their invalidation, abuse and harassment. Most importantly the discrimination and robbing to my face that I was incapable because of my age, my gender and even my non native speaking person.

Change is impossible especially if the system is being run by people who are either wearing a thick rose colored glasses or blind folded with the truth, obvious favoritism and iron hand.

But the oppression should stop. Too many workers lost their American dream bc they

really enamored by the price but instead I felt uneasy inside.

Yes, it's true that everybody loves to have money and I must admit I am not beyond that to "dream big". It is a human thing....that's why a mass of people buy Lotto for the same reason, to fulfill a human satiety. So who am I not to join the boat of humanity. I am but a human being as well....

But my main goal at that time in TNJH, is to take back my dignity. To rebuild my bruised and sagging image. I was fiercely focus on how to stop the bully ness not only towards myself but to those that I witnessed how they were being ridiculed and oppressed by these powerful people in the system.

Obviously the system is being mismanaged and bring used as a weapon for destruction by these bullies. The failing system is

I know it's weekend and you are probably enjoying it at the moment. But as for your poor friend, a one

" Madame in distress " I still can't accept how Jennifer is handling my case after she said during our meeting, " I know how to handle this"... and now she is starting it by sending all the squadron of nurse managers to where I was and even one of them while we were in the cape'. And conniving with other departments!

it's humiliating. And Maia yesterday handed me a piece of paper from Human Rights. I read it and it wasn't clear to me who was it being addressed to. So I left it on top of my table. Until I realized that it could be that IT Director and reported ahead of time to the Human Rights....

Now I know, it was a tactic. Yes, possibly that IT Director who fabricated a story and sent it to me 4 days after. Which was much delayed than my letter to Jennifer.

days after. Which was much delayed than my letter to Jennifer.

Thank God that I asked all the new hires to sign their names as a witnesses about that event ( totally fabricated) that did not happen. I even asked Ben, if I ever in any shape, way or form treated him rudely or humiliated him in front of the class that day, he was a little bit surprised with my question and said " no".

Camera could see that I did approach him yesterday by the door in the lobby going to the basement . It was 4 days delayed which was sent after I sent that letter to Maia and cc to Jennifer and Marie.

Although, I also recollect that when I went down to IT there was a girl by the hallway in the basement that I spoke with about my problem in connecting with the projector. She said bluntly she couldn't help me. So I went inside an "opened wide" IT door, and she said I was trespassing??? She was yapping and yapping. I just ignored her



this situation without being "dirty." Like the way their were handling it. Funny also that Marie, who seldom smiles did smile at me in the lobby, more than usual.

I will send this 8 weeks Behavior Management to them with an obvious goal at the bottom. And I will think how am I going to undue the damage that Jennifer and Nancy Stoddard created against my clean reputation. I wonder if this Nancy did seriously dropped my name in Human Resources? Should I call them Monday?

And I'm sure I was talk of the town in the facility already. Now how am I going to regain my clean reputation now. Should I send the copy of this Plan of Correction to all the managers, telling them an apparent issue that did not take place but instead, an obvious part of their modus operandi to smear and damage my reputation? Or should I wait until they fire me?

Let me know your input Monday or whatever is convenient to you. Thank you and I thank the Lord

Wed, May 2, 11:59 AM

You probably getting lonely without someone who is constantly verbalizing to you her growing pain and suffering from the harassing bossy people in that facility I will send to you my response to Tutone's harassment today for your exclusive entertainment. Just wait...

What I was saying was thank you for sending me a signal in my phone. With due respect, I need a little bit of sympathy and respect not harassment. And my two messages were enough even one message was enough. Actually I was following your instruction that I should communicate with you alone. With due respect, you maybe saying that I should take care of my medical condition by it's the manner of how you were saying that really counts. You were practically harassing me...

And her response was 360 degree reversed! Loud mouth! All she does is speech... speech... speech, cell phone and leave early. As my leader what was her action when I was also falsely accused by the ITDirector? None!

She said her background is ICU pediatric, what is she doing in Geriatric?

I don't believe that she had any managerial background in the past, perhaps only now bc she is being trained and coached by the big boss.

She doesn't know what to do with the new hires? I told her that before she and myself were hired by TNJH, I'm sure there were new hires too. She'll be surprised how resourceful and creative the management.

From: editha quirino editha.quirino@yahoo.com  
Subject: Fwd: Resignation Letter  
Date: Jun 7, 2018 at 8:02:22 PM  
To: Rain rainwtdjv143@yahoo.com

Sent from my iPhone

Begin forwarded message:

Hi you editha.quirino@gmail.com  
From: June 5, 2018 at 12:45:58 AM CDT  
To: Marie (marie.quirino@gmail.com) <marie.quirino@gmail.com>  
Subject: Fwd: Resignation Letter

Dear Marie,

It may not be a good fit for me after almost 3 months of accepting the two major roles as Clinical Nurse Educator/Infection Control Officer, nevertheless, I still owe you an appreciation for trusting my experience, skills and ability, which made you decide to hire me.

Three months were enough to see if it is a good fit both ways. I know there are no such things as utopia or nirvana, so for a while I let both major and minor flaws slide, but it became a pattern and unhealthy environment for me to facilitate my job.

I still vividly remember, when I confessed to you that, "I almost walk out" due to extreme emotional distress and mental block outs.

But then you said to stay because there will be changes with the new DON. I was so hopeful and excited to meet this new DON. I thought it was a promising opportunity to start all over again with a clean slate. But things did not turn out the way I expected them to be.

After a couple of major issues, more avoidable issues were continuously creeping in. Those were the source of emotional upheavals that constantly dragging and wearing me down. The mental blocks became worst. Figuratively speaking, the fear of being nipped right and left were constant now, which is very similar to "crab-like effect" fashion working in a very hostile work environment. The Leadership Training (which is an excellent training) failed to create a safe haven for me to be able to facilitate my job in peace.

So this message goes to say that I am officially filing my resignation effective immediately. My apology for not being able to give you the typical two weeks notice due to personal reason.

Sincerely,

July 9 2018

FEEDBACKS

1. " if the altercation I had with her took place in the Philippines, I probably squish her in the elevator!"
2. " she doesn't have regard that we were born in the same town. Who is she anyway! I'm just wondering why is it necessary for her to act like that if she has already a strong connection from the higher ups? She is not smart anyway, she failed the EKG test." She is too crazy..."
3. " oh are you saying your dogs are bullies, and it's expensive to bring them to obedient school?!?! Why don't you bring them to New Jewish Home Interim DON, she will instantly straighten them up!!!"
4. " Oh, your problem with Maia is nothing, she had a loud, extreme altercation and embarrassing altercation with Mark in the past, that was way too unprofessional from both of them!"
5. " don't you know that she had an argument with Cecilia, Cecilia was fired by the DON, but the current Administrator fired the DON and recalled Cecilia back to work" " The untouchable"
6. "Yes, I also did pull her on the side a couple of times"
7. " who is that acting DON? She was standoffish, by passing me and went directly to my boss" She was acting like she's the big boss!" Whenever I see her, I just ignored her".
8. " thank God she was not hired as the DON, she is a power hunger!"
9. " she is not a good leader, she fights with everyone, she is a war freak!" And she likes to fired employees right and left, she has no heart"
10. " if you have any problem with your difficult orientees, bring it right away to Maia, she is Demonyita! (little evil girl) " she does not have filter..."

Donna H. Clancy, Esq.

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**From:** editha quirino [<mailto:editha.quirino@yahoo.com>]

**Sent:** Wednesday, December 19, 2018 2:59 PM

**To:** Donna Clancy <[dhc@dhclancylaw.com](mailto:dhc@dhclancylaw.com)>

**Subject:** Re: CASE 13-14

The Division specialist Mr. Moffat interviewed me last week over the phone and these were his questions:

1. How old I am
2. How old is Maia the previous acting Director and now the Associate Director - I said, around 45-46.
3. How old is Christian - the one who was Maia's rooting for as Nurse Educator instead of me: I said between 32-36 YO
4. How old was the one who replaced me but only stayed for a couple of months: I said my good guess was around late 40's - 50s.

I told him I don't know their real age, I was just guesstimating it bc there are people who doesn't look at their age.

5. How many people works under me. I said "none". I told him what the DOH Infection Control Surveyor suggested during Survey Time: she said, due to the large size of the facility and for quality care to the residents and quality of service as well, there should be at least another person who should assist me. And Jennifer - the new DON at that time promised me but never delivered.

She herself did not stay that long to that place bc from what I heard, she did not click with Maia either.

6. How many staff work directly under Jennifer, I said more or less 6 people, but that do not include Maia and Myself.

7. Then he asked me, why did I complain gender discrimination. My response was, at that time Maia did not have a boyfriend. I believe, It's a " hooking up thing".

Why did she exaggeratively described to me about Christian's background and always wanted to be around her, which is a very typical Philippine customary act, especially when you are romantically interested with the opposite sex. And there were so many obvious instances that she created and surrounded the situation that time, hence I concluded that perhaps:

- she wanted him romantically which was a good reason to inflate his status and directly lead to tell me that "she wasn't rooting for me."

- and by the way she described him was just like putting him in a pedestal.

- and the way she projects her irrational and inappropriate antagonistic and accusatory behavior towards me was endless, to the point of harassing and / or bullying me.

- and those obvious circumstances were very strong to conclude what type of game Maia was playing at that time.

- which is unfair fir the Jewish advisor/ counselor that Maia's unprofessional and unethical, harassing and bullying behavior towards her subordinate ( myself) and others were just my mere "gripes" towards this current skewed administration.

8. I also mentioned to Mr. Moffat that Maia, for two consecutive days did ask me to dig piles and piles and even boxes of Nurses Aids' personal employment information. # 3

That was the time when her mouth with no filter said a remark that, " I hope when I reached your age, I wouldn't be that slow..." I don't find that funny at all. Since she and I never did click from the get go.

I was just curious, why she was very particular to find those In- service Training of these two nurses aids. Perhaps those were the ones that she fired already. Since she's so proud of firing employees right and left.

PS : I did not stay to that place for 6 months and all which what these advisor as mere gripes were discussed with the administrator But did not receive proper disciplinary action.

Before they were able to delete all my emails, I managed to save a sample of how one director accused me falsely and maliciously of a certain inflammatory conduct that did not take place at all.

Thank that I had the this gut feeling to ask the class to sign a proof that the situation that I was being accused off did not happen. And they did with no hesitation.

That particular incident was forwarded to the administration but there wasn't any resolution at all. It just fell into deaf ears.

A string of more incidents took place repetitively and widespread, but again nothing was done by the administration because the administration is bully herself.

I will keep you update if the Division contact me again.

Editha

5/28/18

Before nurses week, Bridget gave me time line to submit my report. I did review it with Jennifer there's a problem in tallying them. She said, talk to Bridget, I don't want to tell you something that I am not sure off. I emailed Bridget no response. The following week, Joint commission still did not come. Until the QAPI meeting did. I can't believe how this person that I kind of thrusting my work life, put me on the spot like the rest of the "gang", she said she did not believe when I said 100% of non clinical and she might have to check that. Put me in a hot spot instead of doing her role of checking it before ask me in front of the board. She has almost a week to call me and discuss it. Again, she ask me something that no one told me about a new project. I was busy running around catering a bulk of new hires. At least someone has to email me about it. I check my email everyday. She has my personal phone number, she could have told me if I don't response to me email. Not even Marie try to get my attention about it, and yet they have the intention of asking me about this new project that only them knows about it. What's going on? Everything is hush - hush now?

Bridget, the person that I confided my troubles at TNJH suddenly changed from giving me a funny facial expression when I approach her and all smiles at Maia every morning meetings. What is that all about? I remember she even told me that she was glad that Maia is not the DON because she is ~~power~~ hunger. And even gave me an assurance that I won't lose my job because of her good relationship with Marie.

Well I could see that one now being the new Assistant Administrator ....



Marc is a smart guy but as an instructor, lousy. Feedback from one of my colleague during the orientation, he has a good command in English but only one of the person in the class that did not fall asleep. One LPN, was doodling the whole time to keep her awake.

Her methodology in teaching, was standing in the front "stiff", like the guard in Kensington palace and yapping non stop for hours and hours. One of the student was really snoring loud. He does not have any sensitivity about the class condition, he just went on and on.

Maia sent him to me to teach about how to extract information from the computer. Basically what Hope taught him. At first he was full of reservation. He was claiming that Hope did not teach him anything. And that he created his own materials bc Hope took all her stuffs with her.

This person is a male version of Maia, attitude wise. Sarcastic and tackless. His mouth has no filter. And tactically speaking, he knows how to play his devilish game. When you want a good relaxing sleep, go to his class. He is good hypnotic concoction but I am sure you won't get addicted to it...,

6/5/2018 MILA

Mila was ordering me again to repeat my May report bc I submitted it early so I can start with my HH report also for May. She said "Editha it is already June 5th, you are late with the report, you have to redo it again because you submitted it 5 days earlier. I will not accept it because there are more antibiotics that were ordered within the last 5 days of May. And I said, you have a complete report so you can supplement my report then. I've been doing each report at least a week and now I am starting to gather all the HH report to do my audit. I'm only by myself, so how do you expect me to do a two tedious report at the same time? She just went on and on, I felt uncomfortable that my intention of calling her was to just make sure that I did not miss the meeting. She said" Editha, you did not get my email? I said blah blah blah...in a very firm and loud manner that made me feel uncomfortable because I was using the security guard phone. I just asked her extension but the security dialed her phone and giving me the phone, even though I was kind of hesitant, it was a quick but good gesture so I took it. I wasn't expecting that Mila is going to extend the conversation and of course monopolized it with her tactless personality even though I told her that I was using the security phone. So as soon as I got out from the phone I walked to my office and called her back saying in a firm manner that I was busy with audits and I was just starting to do my HH audit and I was delayed already bc I did the infection Control first. Then suddenly she showed up in my office with a facial expression that appeared like a meek lamb quietly submitting a delayed report of HH" Good thing I did not repeat exactly what she said to me in commanding way of saying it". I am supposed to give my official resignation letter in two weeks time but Mila's aggressive behavior

6/5/18. Someone is inside my outlook remotely.

Left key to Daniel Moore - security at 10:04pm in a white sealed envelop.

*This is my office key.*